

Louisiana

Adolescent Data Book

Louisiana Department of Health & Hospitals
Office of Public Health

June, 1999

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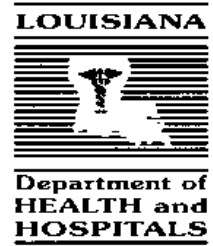
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M. J. "Mike" Foster, Jr.
GOVERNOR

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



David W. Hood
SECRETARY

June 18, 1999

Dear Citizens of Louisiana:

The attached 1998-1999 Louisiana Adolescent Data Book represents the first issue of such a publication for our state. It provides a comprehensive review of the status of Louisiana's youth by compiling information on the teen and adolescent population from several sources into one document. It is envisioned that this unique document will assist decision makers, agencies, and individuals to better plan for the future of Louisiana's young people.

Many of the behavior choices and decisions that our young people and those around them make are reflected in this informative document. The information presented encourages us, as concerned citizens, to focus on issues that can affect our youth for their entire lifetime. We as decision makers welcome this opportunity.

Several public and private agencies have collaborated and contributed to the development of this publication; among them are the Departments of Corrections and Public Safety, Social Services, Education, and Labor, as well as the Agenda for Children. The resources provided by the above agencies were integrated and organized by the Adolescent Health Program of the Department of Health and Hospitals Office of Public Health. I commend all involved for the effort that was put forth to make this publication and the knowledge it imparts a reality.

We hope that you find the 1999 Louisiana Adolescent Data Book informative and useful in your planning efforts and in prioritizing resources to improve that health and welfare of the youth of Louisiana.

Sincerely,

David W. Hood
Secretary

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"AN EQUAL OPPORTUNITY EMPLOYER"



Acknowledgments

The development of this inaugural edition of the Louisiana Adolescent Data Book was made possible by the dedication and willingness of those people, in both the public and private sectors, who have a vested interest in the quality of life of the adolescent population and in essence, the future of Louisiana. This data book was a joint endeavor of the Adolescent Health Initiative and the Adolescent School Health Initiative, of the Louisiana Department of Health and Hospitals' Office of Public Health. Other collaborating agencies include the Department of Health and Hospitals' Office of Mental Health; the Department of Education's Bureau of School Accountability, Louisiana LEARN for the 21st Century, Division of School & Community Support, Nutrition Education Training, Education for Homeless Children & Youth and the School Food Service Program; the Department of Labor; the Department of Social Services' Office of Community Services and Office of Family Services; the Department of Correction's Office of Youth Development and the Office of Public Health's Center for Health Statistics, Oral Health Program, Injury Research & Prevention Program, Maternal & Child Health, Vital Records, Governor's Council on Physical Fitness & Sports and Policy, Planning & Evaluation Section. Additional contributions were made by LSU Medical Center - Shreveport, LSU Medical Center - New Orleans, Southeastern Louisiana University, and Agenda for Children.

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Adolescent Data Book Executive Summary

“Adolescent health is influenced not only by the strengths and vulnerabilities of individual adolescents but also by the character of the settings in which they lead their lives. [Their] health is influenced by connections to family, friends, and school, and by the characteristics of the community in which the teen resides.”

*-Protecting Adolescents from Harm:
Findings from the National Longitudinal
Study on Adolescent Health¹*

This first issue of the Louisiana Adolescent Health Data Book is intended not to simply enumerate statistics, but rather to provide a frame of reference for interpreting these statistics within a social, economic and environmental context relevant to Louisiana. The main threats to adolescent health and well being are the risky behaviors they engage in and the choices they make. Likewise, adolescents who report positive values and identity and have strong social support from their parents, schools and communities are less likely to engage in these risky behaviors.

High-Risk Behaviors Among Louisiana Teens

Substance Abuse

38% of high school students reported that they have smoked, 34% reported drinking 5 or more drinks of alcohol in a row, and 24% admit having used marijuana in the past.²

Sexual Behavior

There were 14,749 pregnancies and 12,225 live births among 15- to 19-year-old girls in 1997; and 15 to 19-year olds have the highest rates of gonorrhea in the state.

Delinquency

Nearly 13 out of every 1000 children are juvenile offenders.³ Louisiana ranks 39th among states in juvenile violent crime arrest rate.⁴

Violence

7% of high school students have carried a weapon on school property.² Louisiana ranks 43rd in teen violent death rate.⁴

Depression

10% of high school students have attempted suicide in the past 12 months, and 22% have seriously contemplated it.² At least 37 out of every 1000 children are homeless.⁵

School Failure

13% of teens are high school dropouts.⁴

There are common **root causes** of adolescent high-risk behaviors that include:

- **Stress**
- **Depression**
- **Hopelessness**
- **Emptiness**
- **Fear**
- **Anger**
- **Poverty**
- **Environmental Factors**

Programs for adolescents need to address these root causes. Successful programs have shared elements.

Elements for Successful Programs to Address Adolescent Risk Behaviors⁶

- * Early intervention
- * Multi-agency, multi-component programs
- * Broad community support and collaboration
- * Parental involvement
- * Enhancement of educational achievement
- * Culturally appropriate, recognizing family and community values
- * Youth involvement in program design, implementation, and evaluation
- * Adequate program model replication

We all have a role to play in creating safe, nurturing environments for our youth where their emotional, social and physical health can be fostered, and where they can grow to be successful adults. At the heart of this book is a hope that community, state and local institutions, and other resources will be inspired to join efforts to address the fundamental issues surrounding adolescent development. In isolation, we can not succeed.

Chapter One, *Toward a Broader View of Health*, examines the concept of expanding the definition of health to include social and emotional well being. The reader is provided with a brief review of adolescent physiological and emotional development. High-risk behaviors, choices, their determinants and their relationship to health are considered. The Search Institute's 40 developmental assets that predict behavior are included. Population estimates for 1996 by race and gender are also provided.

Chapter Two, *Working Together to Improve Adolescent Health in Louisiana*, provides a brief synopsis of current programs for adolescents within the Offices of Public Health, Alcohol and Drug Abuse, and Mental Health, and the Department of Social Services. It highlights two additional programs for youth: the Urban Youth Against Violence Program and the Louisiana Youth Health Congress.

Chapter Three, *Economic Status*, highlights the connection between poverty and health. The number of children in each parish receiving Temporary Assistance to Needy Families (TANF) is provided. In addition, statistics on foster care, unemployment and employment status by parish are included.

Chapter Four, Educational Status, considers the relationship between health and academics. School-based health centers are highlighted. Student counts by parish and ethnicity are listed for both public and non-public schools. In addition, numbers of registered gifted and talented students and disabled students are included. The chapter lists the pupil expenditure by parish in Louisiana public schools.

Chapter Five, Mental Health, Crime & Violence, begins with a discussion of mental health issues facing adolescents and provides information on the symptoms of depression. Information regarding the Office of Mental Health is provided, including a list of each regional child program coordinator. Violence and crime are also addressed in this chapter. Graphs in this chapter include: mental health services delivered by community mental health centers; number of validated cases of neglect, sexual and physical abuse in the state; and information about incarcerated Louisiana youth.

Chapter Six, Homeless Adolescents, begins by defining “homelessness.” It includes information on who is eligible for educational services through the Louisiana Department of Education Homeless Program. Numbers of homeless students enrolled in Louisiana public schools by parish are provided.

Chapter Seven, Risk Behaviors, summarizes the results of the 1997 Louisiana Youth Risk Behavior Survey that examines the prevalence of health risk behaviors among Louisiana adolescents. Substance abuse, tobacco, gambling and injuries are all considered. Information on HIV/AIDS and sexually transmitted diseases is provided. The complexity of teen pregnancy is explored. The importance of proper nutrition and exercise is also examined.

Chapter Eight, Infectious Diseases, covers a variety of infectious diseases facing teens including hepatitis B, tuberculosis and dental disease. Graphs of numbers of reported cases among youth of these various infectious diseases are provided.

Appendix A, List of Figures, includes figures relevant to each chapter that are referenced throughout the data book.

Appendix B, Useful Resources, provides a comprehensive list of web sites where additional information can be obtained. It also includes a list of national organizations that address adolescent issues.

¹ Blum RW, Rinehart PM. *Reducing the risk: connections that make a difference in the lives of youth*, Division of General Pediatrics and Adolescent Health, University of Minnesota, 1997.

² Louisiana Youth Risk Behavior Survey, 1997.

³ Department of Public Safety and Corrections/Office of Youth Development, 1997.

⁴ National Kids Count Data Book, 1998.

⁵ Chiniche, L. (1997) *Homelessness - Defined: Education Programs - Who is Eligible?* Louisiana Department of Education Homeless Program. Adopted from Donna Bolt, Oregon Homeless Education Coordinator.

⁶ Source: *The Briefing Book for LA Legislators*. Partnership to Prevent Adolescent Pregnancy. Southern Regional Project on Infant Mortality and the Child Welfare League of America. October, 1996.

Louisiana Adolescent Data Book

The *Louisiana Adolescent Data Book* is the result of the collaborative effort of the Departments of Social Services, Education, Labor and Corrections, as well as the Department of Health and Hospital's Offices of Mental Health, Alcohol and Drug Abuse and the many Office of Public Health (OPH) programs that are all committed to improving the health and lives of our Louisiana adolescents.

DHH-OPH's commitment to adolescent health is reflected in the many adolescent initiatives and activities in which OPH has made an investment. In 1990, OPH conducted a study which concluded that the causes of adolescent deaths and illnesses could be reduced or prevented through greater adolescent health education and improved access to health care and professional counseling. Therefore, in 1991, the Louisiana State Legislature created the *Adolescent School Health Initiative (ASHI)* to facilitate the development of comprehensive health centers in public, middle and senior high schools.

There was a strong desire among policy makers and leaders at OPH to do more to address the complex social, emotional and medical needs of this underserved population. Therefore, in 1995, the *Louisiana Adolescent Health Initiative (AHI)* was created. The mission of AHI is to improve the health status of adolescents in Louisiana by facilitating a collaborative, multi-disciplinary approach to adolescent health care, disease prevention and health promotion in the state.

In 1996, AHI produced *Teen Talk: Report of the 1996 Louisiana Youth Focus Groups*. This report provides an adolescent perspective on health and social issues that affect adolescents and their communities across the state. It cites adolescent-generated solutions to problems such as teenage pregnancy, violence and gangs, HIV transmission, poverty, substance abuse and injury due to firearm use.

Now, in 1999, the publication of this data book came as the result of the collaborative effort of many of the OPH programs, including Family Planning – Adolescent Health Initiative, Adolescent and School Health Initiative, Maternal and Child Health, Injury Research and Prevention Program, Communicable Disease Control, and Healthy Communities. Also, there were many contributions from other state agencies that have made this rich document a reality.

We hope that the *Louisiana Adolescent Data Book (LADB)* will be a useful resource for planners and policy makers, state and local officials, grant writers, teachers, community leaders, activists, parents and all others who are working to improve the health of our Louisiana youth.

For more information and copies of the Data Book, please contact:

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Chapter One

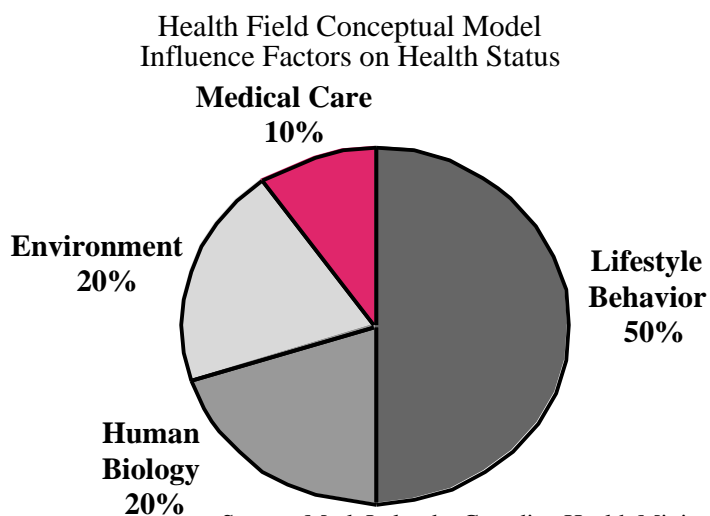


*Toward a Broader
View of Health*

Expanding the Definition of Health – 1999

As we look at the many factors that affect the health and well being of adolescents, and the population as a whole, we see that emphasis has traditionally been placed on the provision of medical care. However, it has been shown that preventing disease and disability and promoting healthy lifestyles have greater impact on health status.

Furthermore, when you consider some of the research done by Mark Lelonde of the Canadian Health Ministry, you will note that medical care accounts for only about 10 percent of the factors influencing health status, while the environment and lifestyle behaviors are attributed with 70%. This reinforces the need for more of a focus on prevention; however, this will be no easy task. As of 1990, the national investment in prevention was only about 5% of the total annual health care cost.⁷



This information leads us to the discussion on how we define “health.” The World Health Organization defines health as “... a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Current trends in public health are moving us towards this broader definition of health. We must move beyond the traditional way of defining health and start including in this an understanding and appreciation for the influences that other areas have on a person’s health status. For example, economics, transportation, employment, education, psychosocial health, access to primary health care and other factors are definite indicators of overall health and well being.

The impact of psychosocial factors on health has become more evident as diseases have become treatable and preventable through immunizations, antibiotics and other advances in healthcare. Health professionals have long recognized that psychological and social factors are important contributors to the health and well being of children, youth and their families. It is now understood that if children are to grow up to be healthy, socially competent adults, certain fundamental needs must be met. The essential ingredients cut across culture and class and include safety, basic health, a sense of worth, durable human relationships and trust in others.

Numerous reports document the health status of adolescents and conclude that the main threats to adolescent health are predominantly the risky behaviors they engage in and the lifestyle choices they make. High-risk behaviors that are associated with the leading causes of death include: tobacco use, poor dietary patterns, physical inactivity, alcohol and drug use, high-risk sexual behaviors, and behaviors associated with intentional/unintentional injuries.

The Centers for Disease Control and Prevention (CDC) notes that these high-risk behaviors are usually established early in life and carried into adulthood; are inter-related; are associated with poor health, education and social well being; and are preventable.

These risk behaviors and lifestyle choices are associated with other factors, factors that can be viewed as root causes. Some examples of root causes that influence behavior and, consequently, adolescent health status include: stress, depression, fear, anger, hopelessness, emptiness, poverty and environmental factors.

Seminal research on protecting adolescents from harm was published in *The Journal of the American Medical Association* in September of 1997. The authors state:

“Some children who are at high risk for health-compromising behaviors successfully negotiate adolescence, avoiding the behaviors that predispose them to negative health outcomes; while others, relatively advantaged socially and economically, sustain significant morbidity as a consequence of their behaviors. These issues of vulnerability and resilience have stimulated an interest in the identification of protective factors in the lives of young people – factors that, if present, diminish the likelihood of negative health and social outcomes. Of the constellation of forces that influence adolescent health-risk behavior, the most fundamental are the social contexts in which adolescents are embedded; the family and school contexts are among the most critical. Yet, how adolescents’ connections to these contexts shape their health-risk behaviors is poorly understood.”⁸

Their analysis of findings from the *National Longitudinal Study of Adolescent Health* seeks to identify risk and protective factors at the school, family and individual levels as they relate to four broad domains critical to adolescent health: emotional health, violence, substance use/abuse and sexuality. The authors found consistent evidence that caring and connectedness to others are important in understanding the health of young people today. The findings represent the first time certain protective factors have been shown to apply across the major risk domains. Among the protective factors are: caring, love and warmth of parents; time availability of parents; caring of teachers; parental expectations regarding student performance; and religion and prayer.

Risk factors include job demands, after-school hours and the associated adverse consequences of fatigue; low grade-point average; being retained in school; old for grade; and perceiving oneself as physically older than classmates.

The Search Institute in Minneapolis, Minnesota, has conducted research across the country to identify the developmental assets that predict both high-risk and positive behaviors and attitudes of children and youth. The new approach to asset building starts with the question, “What do young people need to navigate successfully through adolescence?”

Developmental assets (see page 6 for a list of the 40 Developmental Assets) are a set of essential building blocks that all young people need. The more assets young people experience or possess, the less likely they are to engage in a wide range of risky behaviors and the more likely they are to engage in positive behaviors. The more assets they acquire, the more likely they are to live productive and healthy lives. In this way, they contribute positively to the economic and social well being of the state, rather than drain the state’s resources through remedial programs, incarceration, hospitalization and institutionalization.

We have made great progress in Louisiana by compiling data on the broad domains critical to adolescent health in one document for the first time. Using information contained here challenges readers to assess the developmental assets of our youth, rather than focus on problem issues as an approach to reduce or control “risky behavior” through intervention programs and legislation.

It is our hope that this document will be used by members of all branches of local and state governments, as well as by the hundreds of local and state private entities that address the needs of Louisiana’s children and youth. The LADB can serve as a springboard to re-thinking plans and programs for youth based on their resiliency and potential for positive contributions to society.

Adolescent Development

“It was the best of times, it was the worst of times.”

Charles Dickens

Adolescence is the developmental stage between childhood and adulthood. It is a period marked by transition and is often a tumultuous time for adolescents and their families. Prevailing questions of the period are, “*Who am I?*” and “*Am I normal?*” Adolescents navigate the waters of physiological, emotional, cognitive and behavioral development in an effort to answer these questions, to achieve maturity and to gain independence.

Although we are defining adolescence as the period between ages 10 and 19 years, when exactly adolescence begins and when it ends varies according to each individual. Girls, however, do develop about two years before their male counterparts.⁹ Changes associated with the onset of adolescence and the process of adolescent development include:

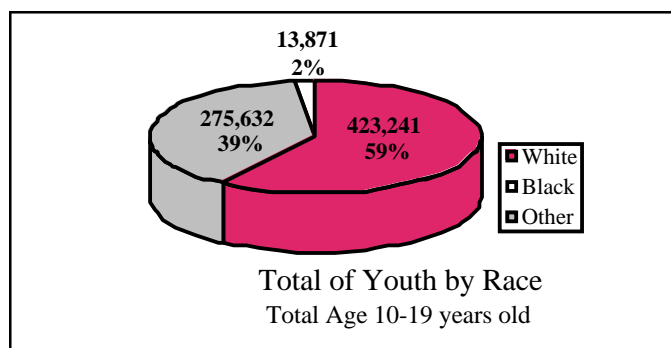
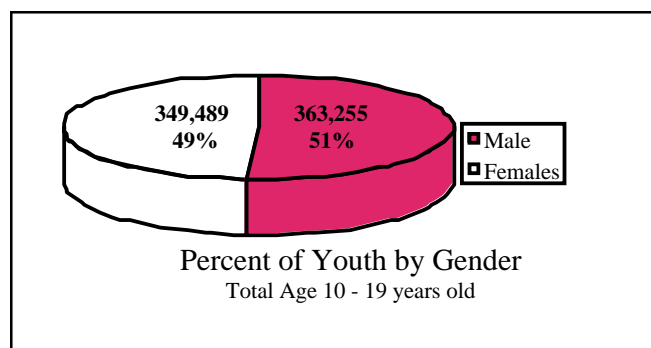
- Significant changes in body size and shape
- Growth of body hair
- Maturation of reproductive organs
- Occurrence of rapid hormonal changes
- Clarification of values and belief systems
- Growth of intellectual capacity, increased awareness and insight¹⁰

Adolescence is thought to end after the teenage years, when most adolescents have: 1) formed an internal self-identity and set of personal goals, while simultaneously recognizing their external social environments; 2) reached a level of emotional maturity; 3) gained economic independence from families or care providers; 4) acquired skills necessary to achieve personal and professional goals; and 5) developed mature relationships, including love and sexual relationships. Patterns that determine the course of this development are set during infancy and childhood.¹¹ It is for this reason that we must address the whole of the adolescent when addressing adolescent health needs. It is also the reason we must reach children and their families early in life if we are to effectively prevent the onset of unhealthy or life threatening risk behaviors during adolescence.

During adolescence, teenagers are particularly vulnerable to low self-esteem and self-hate, jealousy, anger, depression, suicidal ideation, boredom, shyness and stress.¹² Many factors collectively contribute to the onset of adolescent risk behaviors, including: peer pressure and a desire to “fit in”; blatant and sub-

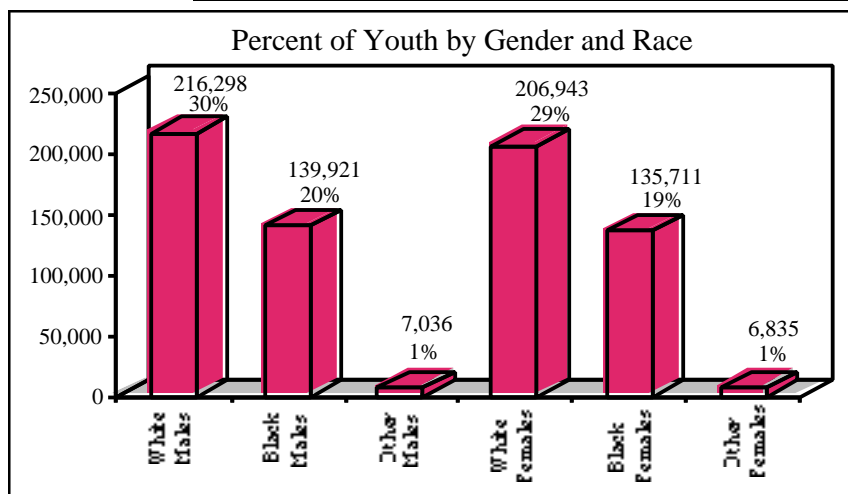
liminal media imagery; seductive advertising messages; sexist and racial social values that reward thinness, light complexions and consumerism; child and sexual abuse; poverty and an unhealthy environment; and inadequate recreational opportunities for adolescents.

According to the 1998 KIDS COUNT DATABOOK of the Annie E. Casey Foundation, Louisiana ranks 50th among all states in overall child well-being. In recent years, Louisiana has taken a new approach to responding to the physical and psychosocial health needs of adolescents. The Louisiana AHI, Healthy Communities Resource Center, ASHI, Louisiana SAFE KIDS Coalition, Violence Prevention Program, Synar Initiative, Teen Institute, Keeping It R.E.A.L., Urban Youth Against Violence, Louisiana Youth Health Congress and Louisiana Governor's Council on Physical Fitness and Sports all work to this end. The following figures show population estimates for 1996 by gender and race.



Youth ages 10-19 represent 16% (n=712,744) of the state's population. 51% of youth are male and 49% are female. The majority of youth are white (59%), 39% are black and 2% are other populations (Latino, Asian or other). See Appendix pages A3-A8 for detailed information on parish specific population estimates by gender and race.

1996 State Population Estimate
4,468,000
State Population Age 10-19 years
712,744



⁷ McGinnis and Foege, Actual Causes of Death in the United States, *JAMA*, 11/10/93-Vol 270, no. 18:2207-2212.

⁸ Resnick, Bearman, Blum, Bauman, Harris, Jones, Tabor, Beuhring, Sieving, Shew, Ireland, Bearinger, and Udry, Protecting Adolescents From Harm: Findings From the National Longitudinal Study of Adolescent Health, *JAMA*, 9/10/97 Vol 278, no. 10:823-832.

⁹ Lewis, Melvin. Clinical Aspects of Child Development: An Introductory Synthesis of Developmental Concepts and Clinical Experience, Lea and Febiger, Philadelphia, 1982.

¹⁰ Ibid., 1982.

¹¹ Langs, Robert. The Technique of Psychoanalytic Psychotherapy, Jason Aronson, Inc., New York, 1973.

¹² McCoy, Kathy and Wibbelsman, Charles. The Teenage Body Book, Pocket Books, New York, 1984.

Search Institute 40 Developmental Assets

External Assets Asset Name and Definition

Support

Family support	Family life provides high levels of love and support.
Positive family communication	Young person and her or his parent(s) communicate positively, and young person is willing to seek parent(s') advice and counsel.
Other adult relationships	Young person receives support from three or more nonparent adults.
Caring neighborhood	Young person experiences caring neighbors.
Caring school climate	School provides a caring, encouraging environment.
Parent involvement in schooling	Parent(s) are actively involved in helping young person succeed in school.

Empowerment

Community values youth	Young person perceives that adults in the community value youth.
Youth as resources	Young people are given useful roles in the community.
Service to others	Young person serves in the community one hour or more per week.
Safety	Young person feels safe at home, in school, and in the neighborhood.

Boundaries and Expectations

Family boundaries	Family has clear rules and consequences, and monitors the young person's whereabouts.
School boundaries	School provides clear rules and consequences.
Neighborhood boundaries	Neighbors take responsibility for monitoring young people's behaviors.
Adult role models	Parent(s) and other adults model positive, responsible behavior.
Positive peer influence	Young person's best friends model responsible behavior.
High expectations	Both parent(s) and teachers encourage the young person to do well.

Constructive Use of Time

Creative activities	Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.
Youth programs	Young person spends three or more hours per week in sports, clubs, or organizations at school and or in community organizations.
Religious community	Young person spends one or more hours per week in activities in a religious institution.
Time at home	Young person is out with friends "with nothing special to do" two or fewer nights per week.

**Internal Assets Asset Name and Definition****Commitment
to Learning**

Achievement motivation	Young person is motivated to do well in school.
School engagement	Young person is actively engaged in learning.
Homework	Young person reports doing at least one hour of homework every school day.
Bonding to school	Young person cares about his or her school.
Reading for pleasure	Young person reads for pleasure three or more hours per week.

Positive Values

Caring	Young person places high value on helping other people.
Equality and social justice	Young person places high value on promoting equality and reducing hunger and poverty.
Integrity	Young person acts on convictions and stands up for her or his beliefs.
Honesty	Young person "tells the truth even when it is not easy."
Responsibility	Young person accepts and takes personal responsibility.
Restraint	Young person believes it is important not to be sexually active or to use alcohol or other drugs.

**Social
Competencies**

Planning and decision-making	Young person knows how to plan ahead and make choices.
Interpersonal competence	Young person has empathy, sensitivity and friendship skills.
Cultural competence	Young person has knowledge of and comfort with people of different cultural racial ethnic backgrounds.
Resistance skills	Young person can resist negative peer pressure and dangerous situations.
Peaceful conflict resolution	Young person seeks to resolve conflict non-violently.

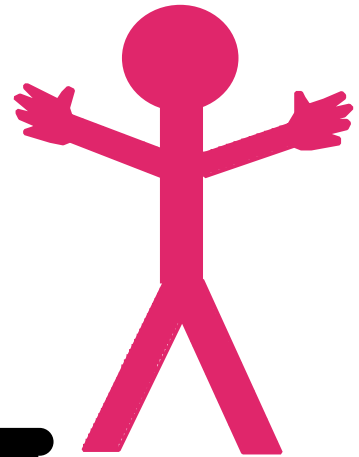
Positive Identity

Personal power	Young person feels he or she has control over "things that happen to me."
Self-esteem	Young person reports having a high self-esteem.
Sense of purpose	Young person reports that "my life has a purpose."
Positive view of personal future	Young person is optimistic about her or his personal future.

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Chapter Two



*Working Together to
Improve Adolescent Health
in Louisiana*

Working Together to Improve Adolescent Health in Louisiana

Louisiana Adolescent Health Initiative (AHI)

Adolescents face a myriad of socially related threats that adversely effect their health. In order to have an impact on the health of adolescents, multi-faceted solutions must be implemented to combat these threats, and everyone must work together as a team!

There was a strong desire among policy-makers and leaders at OPH to do more to address the complex social, emotional and medical needs of this underserved population and, in 1995, the Louisiana Adolescent Health Initiative (AHI) was created. AHI has taken on the challenge to improve the health status of Louisiana teens by implementing a multi-disciplinary approach to adolescent health care, disease prevention and health promotion in the state. The goal of AHI is for every adolescent in the state of Louisiana to have the opportunity to grow and prosper in a healthy, nurturing and safe environment.

The first objective of AHI is to serve as the central repository of adolescent statistical information in Louisiana through compiling and disseminating qualitative data. The second objective is to assist local communities to identify needs and potential resources, prioritize problems, develop solutions and evaluate impact. The third objective is to coordinate and collaborate with internal programs and external agencies to infuse adolescent voices in planning/policy-making.

In 1996, AHI produced, *Teen Talk: Report of the 1996 Louisiana Youth Focus Groups*. In February 1999, AHI produced the *Louisiana Teen Pregnancy Prevention Directory*. The purpose of this directory is to keep adolescents and health professionals who work with adolescents informed of the existing teen pregnancy prevention services in Louisiana. AHI serves as a repository of information and contributes to adolescent health and quality of life improvement efforts statewide.

AHI has taken on the challenge of improving the health status of Louisiana adolescents. We are taking step-by-step measures to combat the health "ills" that our Louisiana teens are facing. The multi-faceted health problems that our teens are facing are remedied by incorporating multi-faceted solutions, thus we are inviting everyone who works with teens to the table.

For more information on the AHI or the Louisiana Adolescent Data Book please contact:

Trina Evans
Coordinator, Adolescent Health Initiative
Office of Public Health
P. O. Box 60630
New Orleans, LA 70160
(504) 568-6636



Louisiana Healthy Communities Resource Center (HCRC)

The concept of the Healthy Communities Resource Center is founded in the philosophy of the Healthy Communities/ Healthy Cities (HC) movement, which is currently having a significant impact in hundreds of communities across the United States. It emphasizes the use of internal community capacities and broad-based community involvement in recreating a community's future. The HCRC provides communities with tools, methods and technical assistance to assist them in collaboratively addressing their challenges.

The Five Components of the Resource Center

- **The Summit** will gather community teams from business, industry, health care, education, churches and human service organizations to provide skills-building workshops in community strategic planning, share stories of success and hope from communities that are rebuilding themselves, network with other Louisiana community builders and link to resources for community strategic planning.
- **The Healthy Communities Training Center** provides intensive learning opportunities to cross-sectoral community teams regarding collaborative problem-solving, leadership development, engaging community stakeholders, prioritizing community issues, identifying assets, skills and gifts in the community, community needs assessment, developing action plans, implementation of programs and monitoring and evaluation of programs.
- **The Community Health Planning and Assessment Tool Kit** contains methods and tools regarding community coalition building, working collaboratively, conducting community assessments, conducting assets-based assessments, action-planning, moving to action, and evaluation of programs. The kit will be a starting point for communities embarking on a community building process as well as a resource to communities that are already working in a community strategic planning process.
- **The Healthy Communities Technical Assistance Team** is comprised of two professional staff of the HCRC plus five regional healthy communities coordinators currently supported by the Office of Public Health. They provide assistance in all aspects of the community strategic planning process, act as a link between healthy community initiatives throughout the state and plan events that provide new information and offer networking opportunities. As a support mechanism to the Training Center, the Technical Assistance Team will provide concentrated assistance to the community teams while they participate in the training program.
- **The Healthy Communities Library** will maintain a library of tools, methods, stories and examples of successful programs that can be utilized by community teams. The Library and its staff will serve as a link to healthy communities efforts in other states.

For more information on Healthy Communities, please contact:

Scott Whoolery
Healthy Communities Coordinator
Office of Public Health
P. O. Box 60630
New Orleans, LA 70160
(504) 568-7119

Louisiana Adolescent School Health Initiative (School-Based Health Centers)

Where health education and services are concerned, Louisiana's teens comprise our state's most underserved population. In order to provide them with access to care, the state Legislature passed the Adolescent School Health Initiative Act in 1991. Since then, school-based health centers have been established around Louisiana to bring together knowledge about wellness and comprehensive health services for adolescents in the most direct and cost-effective way possible. For locations of centers, please refer to page 25 of this data book.

The program emphasizes the coordinated nature of school health programs by promoting a health education curriculum that addresses the physical, emotional and social dimensions of health and provides services for the assessment, protection and promotion of good health. Other components of a coordinated school health program include a healthy school environment, nutritional integrity of school food service, staff wellness, counseling and psychological services, physical education and parent/community involvement.

Preventive and primary care services at school-based health centers address the physical and psychosocial needs of public middle and high school students, as well as those of children in the feeder primary and elementary grades. They are provided by a multi-disciplinary team composed of physicians, nurses, nurse practitioners and clinical mental health professionals who screen, diagnose, treat, refer and followup to help the students they serve attain maximum physical and psychosocial well being. The team collaborates with school staff and local and state public and private agencies to provide a continuum of care.

Based on the needs of the population they serve, school health centers provide group counseling, peer leadership training, immunization programs, alcohol and substance abuse prevention counseling, health careers counseling, parenting education, tutoring and prenatal care. Some schools have child care centers for the children of students, which enable teen parents to complete their education.

Health and education are joined in fundamental ways in the destinies of our children and thus, the School-Based Health Center program plays a critical part in helping them succeed in school and in life.

For more information on school-based health in Louisiana, please contact:

Sylvia Sterne
Director, Adolescent and School Health
Office of Public Health
P. O. Box 60630
New Orleans, LA 70160
(504) 568-6068

Louisiana SAFE KIDS Coalition

The Louisiana SAFE KIDS Coalition of private, public and voluntary organizations works to prevent unintentional injuries to children under 15 years of age. This is done through a multi-faceted approach of increasing public awareness, providing education and advocating for environmental and public policy changes. Areas of injury prevention programs include the proper use of child safety seats and safety belts, bicycle safety and fire and burn prevention.

For more information on the Louisiana SAFE KIDS Coalition, please contact:

Kerry Chausmer
SAFE KIDS Coalition State Coordinator
Office of Public Health
Injury Research & Prevention Section
P. O. Box 60630
New Orleans, LA 70160
(504) 568-2509

Synar Initiative

The Department of Health and Hospitals' Office of Alcohol and Drug Abuse has been active in a campaign to reduce the access to tobacco products for persons under the age of 18. The office has recruited teens from around the state to participate in this initiative. These young people have been conducting compliance checks of tobacco merchants to ensure they are not selling tobacco products to minors. The Synar Campaign has been successful in both lowering the rate of tobacco sales to minors and allowing teens to be advocates for themselves. Also, a summer project was begun in which college students were recruited in each of the ten regions across the state. This project lasted five weeks and involved the students canvassing their respective regions visiting all tobacco merchants. Merchants will be provided educational information regarding the laws specific to tobacco. The Office of Alcohol and Drug Abuse is very proud to be a part of this initiative and has faith in its continued success.

For more information on the Synar Initiative, please contact:

Leslie Brougham
Prevention Specialist
Office of Alcohol and Drug Abuse
P. O. Box 3868
Baton Rouge, LA 70821-3868
(225) 342-5705

Violence Prevention Program

This Office of Public Health program encourages and assists local organizations working to reduce violence in Louisiana. The Violence Prevention Program includes work to support a statewide network of local violence prevention coalitions. Additionally, the Violence Prevention Program provides a variety of trainings, workshops, speakers and educational materials. Areas addressed include prevention for youth, domestic, family, and workplace violence and general conflict resolution.

For more information on the Violence Prevention Program, please contact:

Rekaya Gibson
Violence Prevention Coordinator
Injury Research & Prevention Section
P. O. Box 60630
New Orleans, LA 70160
(504) 568-2509

Urban Youth Against Violence

Urban Youth Against Violence (UYAV) began February, 1995, as an effort to include youth voices in New Orleans' violence prevention planning. It was founded by 16 youths whose lives had been impacted by violence. The mission of UYAV is to assist city-wide efforts in reducing murder and other violent crime rates. The theme, "Black on Black Violence Can Lead To A World Without Color" is used to promote the UYAV message. Poetry, skits and rap illustrate the message of Urban Youth Against Violence, and UYAV members also mentor other youth.

For more information on Urban Youth Against Violence, please contact:

Omar Scott
Urban Youth Against Violence Founder/Member
Crescent City Peace Alliance
1021 St. Ferdinand Street
New Orleans, LA 70117
(504) 943-7233

Louisiana's Child Health Insurance Program (LaCHIP)

LaCHIP is a program that provides health insurance for eligible children and adolescents. LaCHIP began on November 1, 1998, and covers children from birth to age 19 in families with incomes up to 133% of the federal poverty level. This means that many adolescents will qualify, even if they live in two-parent households and their parents are working.

For more information on who is eligible for LaCHIP, or for an application, call the LaCHIP Office in Baton Rouge at 1-877-252-2447 (1-877-2LaCHIP).

Keeping It R.E.A.L.

The Department of Social Services, Office of Family Support, is implementing a pregnancy prevention program - Keeping It R.E.A.L. (Reality Education About Life). The Office of Family Support has contracted with eight providers in the New Orleans area to implement a pilot program encompassing a wide variety of teen pregnancy prevention programs. These programs stress principles such as education, parental and adult involvement, abstinence and clear strategies for the future and community involvement. In addition, as part of this plan, the Office of Family Support will be conducting a statewide media campaign to combat and reduce teen pregnancy. The campaign goals will be to provide education to the targeted group regarding teen pregnancy prevention and to develop an awareness of the effects of teen pregnancy on the family and society as a whole, with the end result being a reduction in teen pregnancies in our state.

For more information about Keeping It R.E.A.L., please contact:

Vera Blakes
Assistant Secretary
Office of Family Support
P. O. Box 94065
Baton Rouge, LA 70804-9065
(225) 342-3947

Teen Institute

Teen Institute, sponsored by the Louisiana Department of Health and Hospitals, Office of Alcohol and Drug Abuse, began in 1991 as a pilot program for at-risk youth from high schools and community-based organizations throughout the state. The Institute emphasizes self-esteem, positive peer relations, leadership skills and education on the effects of alcohol and other drugs. The program is open to high school students who: 1) earn passing grades; 2) have leadership potential; 3) commit to serve as active team members; 4) plan and deliver alcohol drug prevention programs; and 5) contribute at least two hours per week for such activities throughout the year. This program is not a treatment program; it is an educational and training process to help high school students and team leaders implement prevention programs through positive peer relations.

For more information on the Teen Institute, please contact:

Tina Roper-Auzenne
Program Manager
Office of Alcohol and Drug Abuse
P. O. Box 3868
Baton Rouge, LA 70821-3868
(225) 342-9253

Louisiana Youth Health Congress

The Louisiana Youth Health Congress is sponsored and coordinated by Southeastern Louisiana University's Excellence in Health and Education Project. Youth Health Congress activities are made possible through collaboration and funding provided by the Office of Public Health, the Office of Mental Health, the Office of Alcohol and Drug Abuse, the Department of Education, various grants and community groups. This joint communication effort between adults and high school aged teens is designed specifically to provide a forum for youth to increase their awareness of the health problems endemic to their age group and to empower them to generate their own solutions. Through regional activities and an annual conference, youth participants learn how to serve as health advocates in their communities and develop the leadership skills necessary to make a difference. Success will be measured by the positive outcomes achieved community-by-community and issue-by-issue.

For more information on the Louisiana Youth Health Congress, please contact:

Renee Pesquie
Coordinator, Youth Health Congress
Cate Teacher Education Center
SLU 10749
Hammond, LA 70402
(504) 549-5282

Louisiana Governor's Council on Physical Fitness & Sports

In 1994, the Louisiana Governor's Council on Physical Fitness and Sports unveiled its strategy for improving the overall health of Louisiana's young people by expanding an existing program called the Louisiana Elementary Fitness Meet. The Louisiana Governor's Council on Physical Fitness and Sports annually hosts the Louisiana Elementary Fitness Meet featuring elementary school children. Each participating school will hold its own fitness meet consisting of seven fitness events: the 50-yard dash, shuttle run, sit and reach, curl-ups, standing long jump, pull-ups and the 60-yard run. These events are the same events used in the President's Challenge. The top two scorers in the boys and girls groups from each parish will participate in the state championships.

Currently, 30 parishes offer the President's Challenge to its students as part of their daily curriculum between November and the start of the state championships. In 1994, only seventeen parishes participated in this event. Because of the aggressive recruiting efforts by these parishes, school superintendents, physical education teachers, and the Louisiana Governor's Council on Physical Fitness and Sports, this program influences over 90,000 youth in Louisiana. It is the goal of the Louisiana Governor's Council on Physical Fitness and Sports to have all 64 parishes become involved and obtain an accurate assessment of the physical condition of our school children.

For more information, contact the Louisiana Governor's Council on Physical Fitness and Sports at (225) 342-9500.

Chapter Three



Economic Status

Poverty and Social Welfare

“Some people don’t want to take the long way; they want to take the shortcut [to] fast money.”

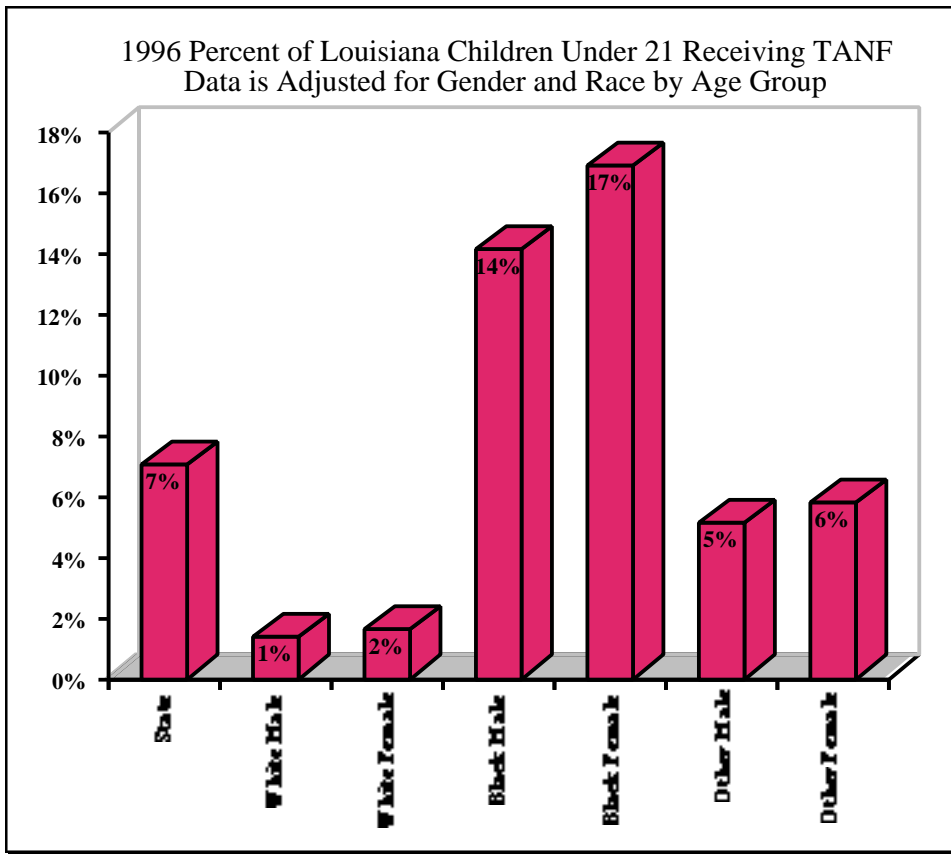
– Adolescent Focus Group Participant

Poverty

The connection of poverty to child and adolescent health outcomes is great. Poverty, low quality (or inaccessible high quality) education, gender inequality, substandard housing, institutionalized racism, and lack of employment opportunities contribute to poor physical, emotional and environmental health of adolescents across the country.

Poverty guidelines are determined by the federal government. Income thresholds that vary by family size and age composition are updated each year to determine a measure for poverty. In 1995, a family of four was considered to be living in poverty if their annual income was below \$16,700.¹³

According to the American Legislative Exchange Council in 1994, Louisiana had the most children living in poverty (32%) in the United States.¹⁴ In Louisiana, one in three of all children and one in two African-American children live in poverty, and 35% of the state’s adolescents live in poverty.¹⁵

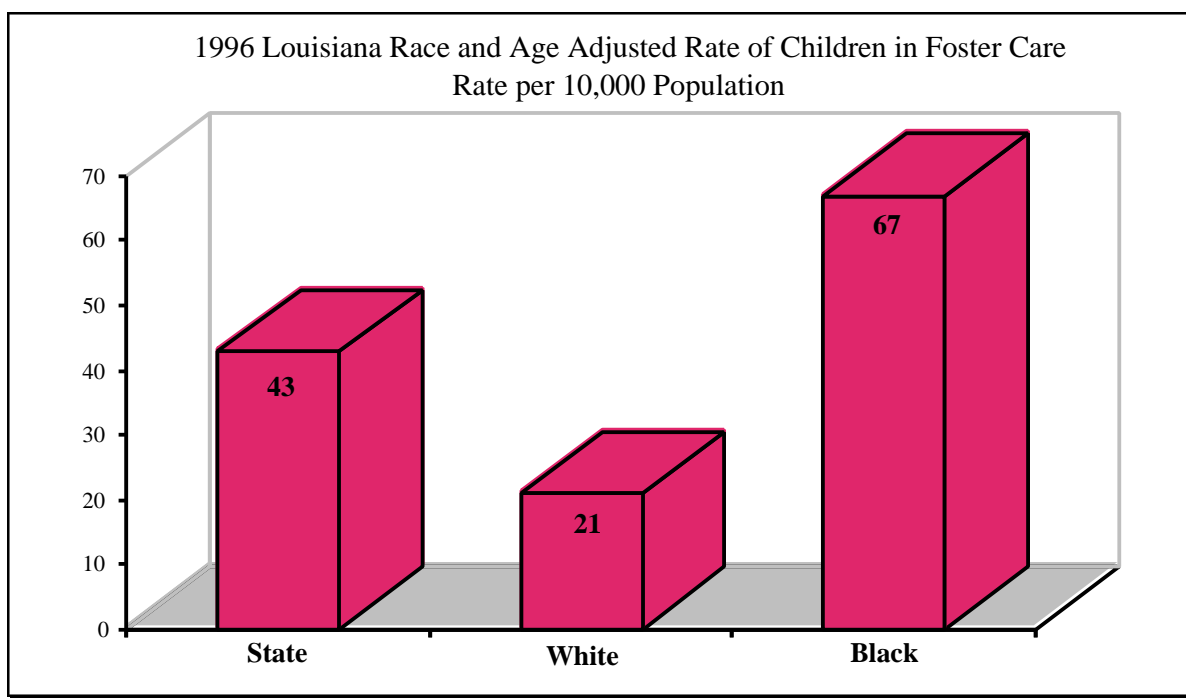


The number of children in poverty can be illustrated by the percent of children under 21 receiving assistance from the Temporary Assistance to Needy Families (TANF). Louisiana data for 1996 indicates that 7% of the state’s children receive TANF. Adjusted demographics data indicates that 17% of black females and 14% of black males as compared to 2% of white females and 1% of white males receive TANF. See Appendix, pages A10-A11, for parish-specific data.

Note: Data was adjusted using population specific data by gender and race for pop. < 21.

Family Composition

According to *Child Health USA '95*, 18.6 million children in the U. S. lived in families with only one parent in 1994.¹⁶ The majority of these single-parent families are headed by women, although the number of single parent families headed by men is rising. According to the 1997 national KIDS COUNT DATA BOOK, with the exception of Utah, every state in the U. S. saw an increase in the number of single-parent families between 1985 and 1994.¹³ Louisiana has the most single-parent families of any state in the country.¹³



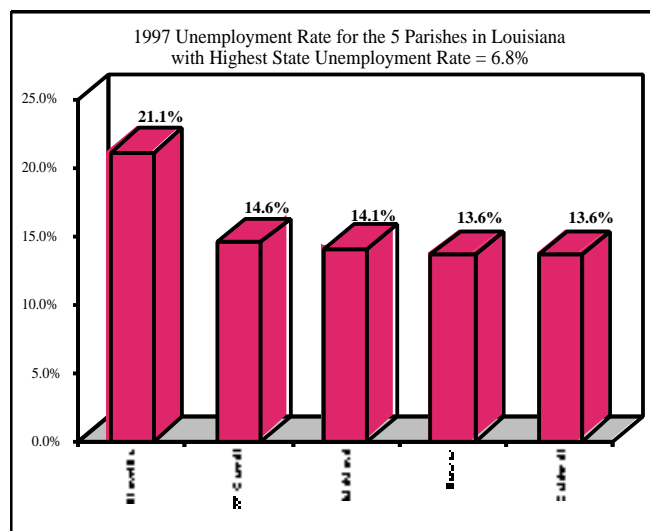
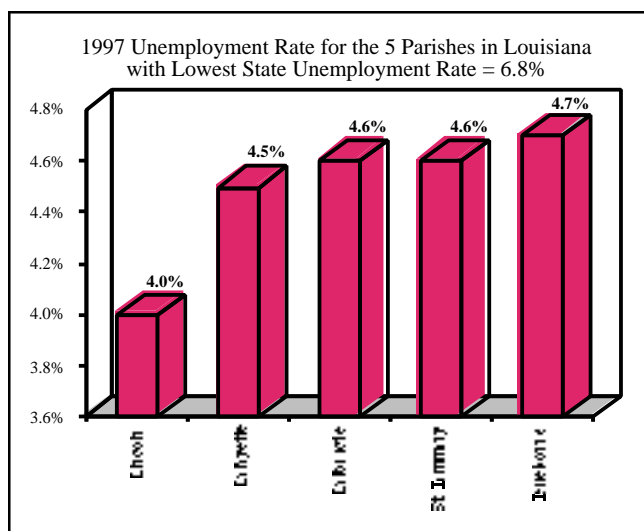
In 1996, 43 out of every ten thousand children (age birth through 18) in Louisiana lived in foster care. Age and race adjusted rates show that 67 per 10,000 black children and 21 per 10,000 white children lived in foster care. See Appendix, page A12, for parish-specific data.

Employment

Managing school, work, family and friends is often a constant juggling act for many adolescents. In addition, the process of maturing from adolescence into adulthood will often include working and managing money properly. This new-found independence is a crucial step in the growth process of every adolescent. Estimates show that 85% of American youth will find employment before leaving high school. Although most youth will find employment for personal monetary purposes, many will have to find jobs to help support their families. Even though the purpose of finding employment for both males and females is similar, there are vast differences in the types of work performed:

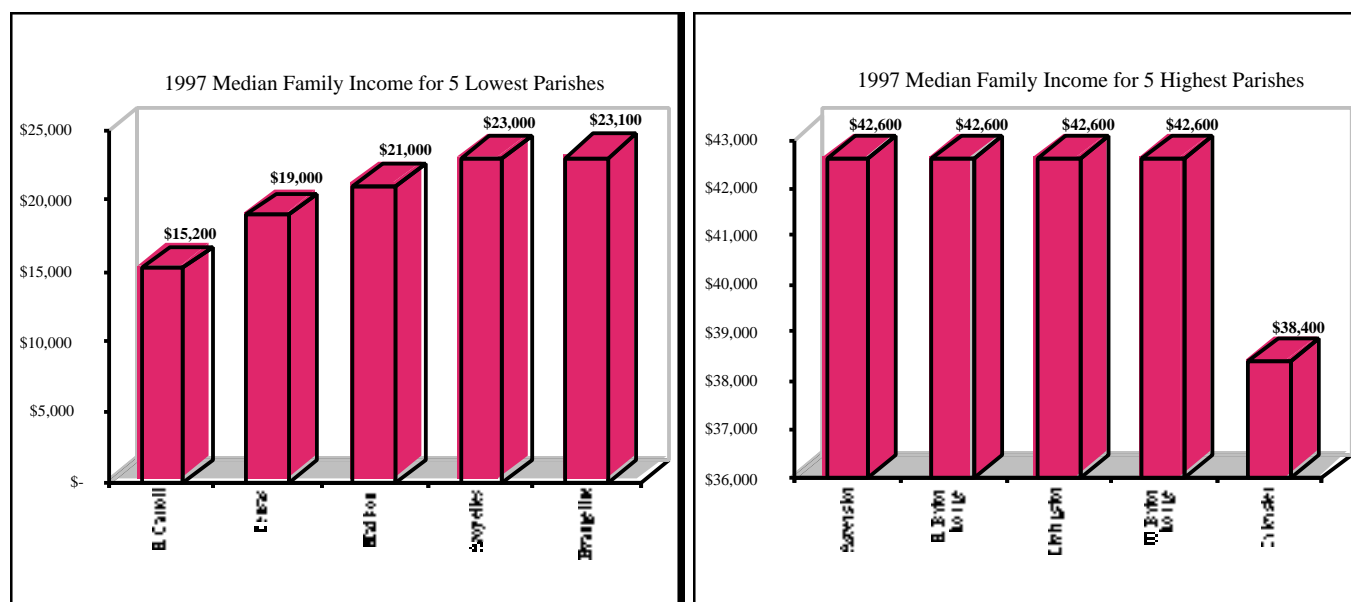
- Females most often hold child care, customer service or retail positions;
- Males most often hold manual, physical labor positions, or restaurant food service positions;
- Females learn responsibility, problem-solving skills, public relations skills, and may receive some computer training while on the job;
- Males learn routine, repetitive labor skills that are not usually applicable outside of their current position;
- Females are more often hired for positions which allow them to evaluate future careers and develop mentor relationships with adults;
- Males often experience more on-the-job stress than females.

The Louisiana Department of Labor provides information on a variety of subjects for both adolescents and adults. The following is the Louisiana Department of Labor mission statement: “The Louisiana Department of Labor administers programs and enforces laws designed to protect the economic and physical well-being of Louisiana’s work force. The Department coordinates and administers programs conducted by the state or jointly with federal agencies in the areas of labor-management relations, manpower evaluation and training, employment, unemployment compensation, worker’s compensation, job safety and the licensing and regulation of private employment agencies, barbers and plumbers.”



The rate of unemployment in Louisiana is 6.8%. Unemployment figures vary widely by parish. The percent of parish unemployment ranged from a low of 4% in Lincoln Parish to a high of 21.1% in Bienville Parish. See Appendix, page A13, for parish specific-details.

Median family income is an important indicator of family and community well being. There is a wide gap in median family income by parish. The highest family income parishes have approximately twice the median family income as the poorest parishes. This is illustrated in the range of family income from a high of \$42,600 in Ascension Parish to a low of \$15,200 in East Carroll Parish. See Appendix, page A13, for parish-specific details.



¹³ Federal Poverty Guidelines. Effective April 1, 1999.

¹⁴ *A Briefing Book for Louisiana Legislators*. Child Welfare League of America and the Southern Regional Project on Infant Mortality, Washington D.C., October, 1996.

¹⁵ Louisiana KIDS COUNT. Agenda for Children, New Orleans, LA 1995.

¹⁶ *Child Health USA '95*. U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, DHHS Publication No. HRSA-M-DSEA-96-5, Washington D.C., September 1996.



Chapter Four



Educational Status

Education & School

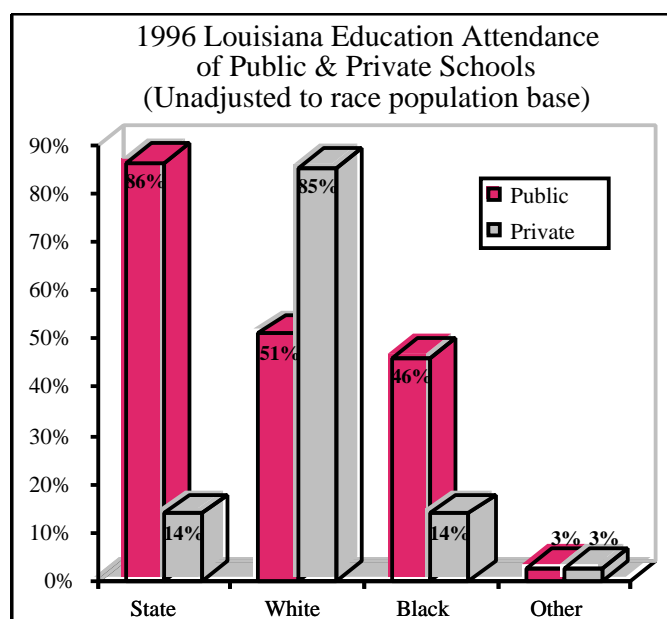
“...people get in trouble because we have nothing to do, so they find something to do and it may not be the right thing.”

– Adolescent Focus Group Participant

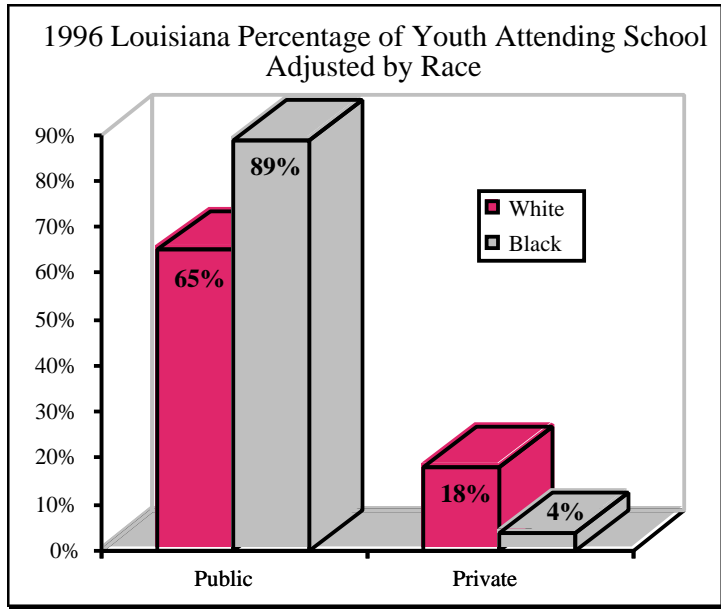
An individual adolescent’s performance in school, high school graduation or drop-out status, suspension and expulsion record, participation in school clubs or organized sports, and enrollment in public or private school are all used to measure the “successes and failures” of our youth. These measures may reflect less on an individual student than on the quality of life for such students in their schools, communities, cities, parishes or even their state. Along with poverty, housing discrimination, racism, sexism and unemployment, access to quality education, illiteracy rates and level of education completed are all confounding factors in adolescent and community health and morbidity. The 1996 KIDS COUNT DATA BOOK, published by the Annie E. Casey Foundation in Baltimore, focuses on the need for improved educational standards for our youth. The data book emphasizes a needed commitment to:

- preschool experiences that prepare children to learn;
- schools that are small enough to engage every child;
- high standards in curriculum, instruction and assessment;
- strong, meaningful family participation; and
- making education part of a larger community commitment to healthy youth and family development.¹⁷

Similarly, growing up with parents who never completed high school can be a predictor of poor health effects. In Louisiana, one in five children live with a parent who was a high school dropout.¹⁸ In 1994 alone, over 12,000 adolescents dropped out of Louisiana schools, giving the state the highest teen drop-out rate in the country.

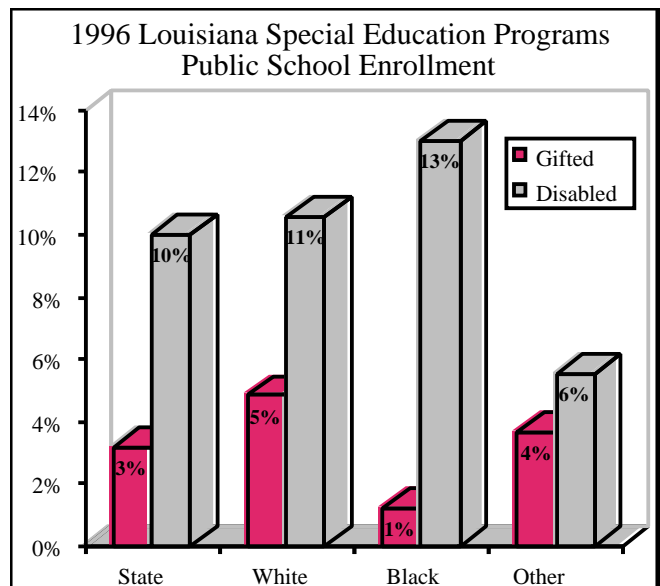
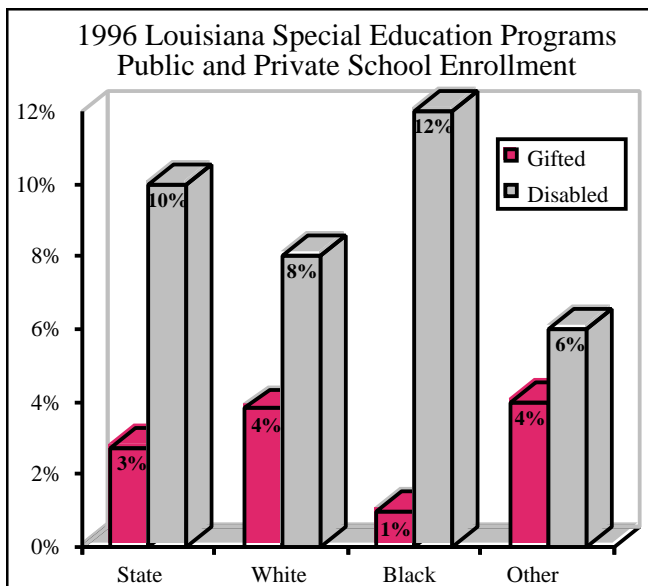


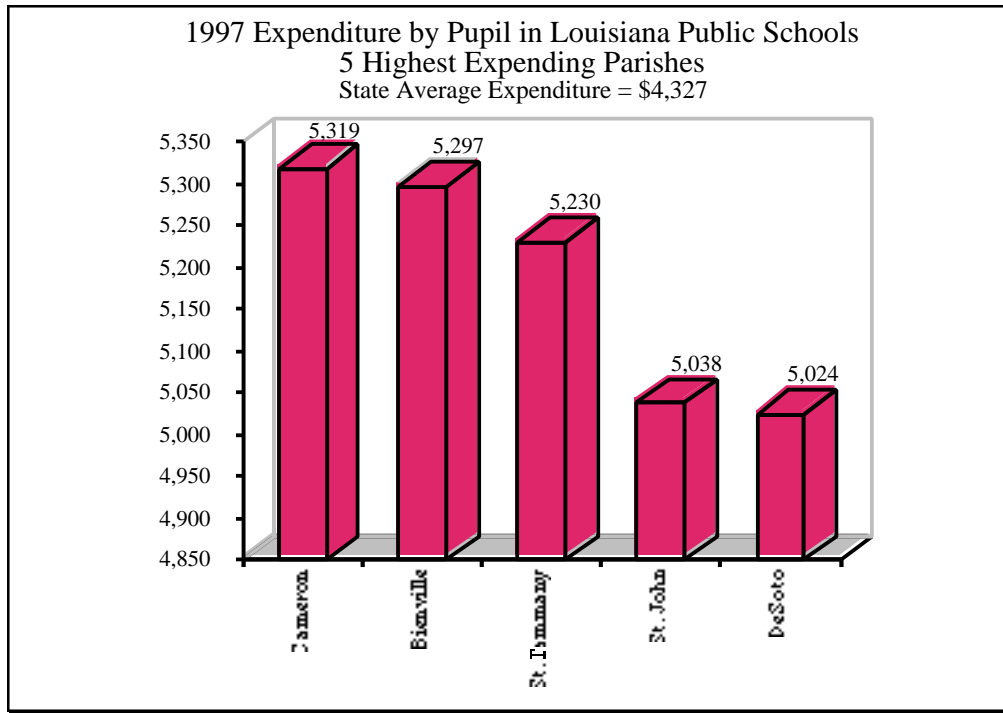
In Louisiana, 88% of youth age 5-19 are enrolled in public and private schools. Black youth are more likely than white youth to be enrolled in school (93% black youth compared to 83% of white youth). The youth who are not enrolled in school are either home schooled or drop-outs.



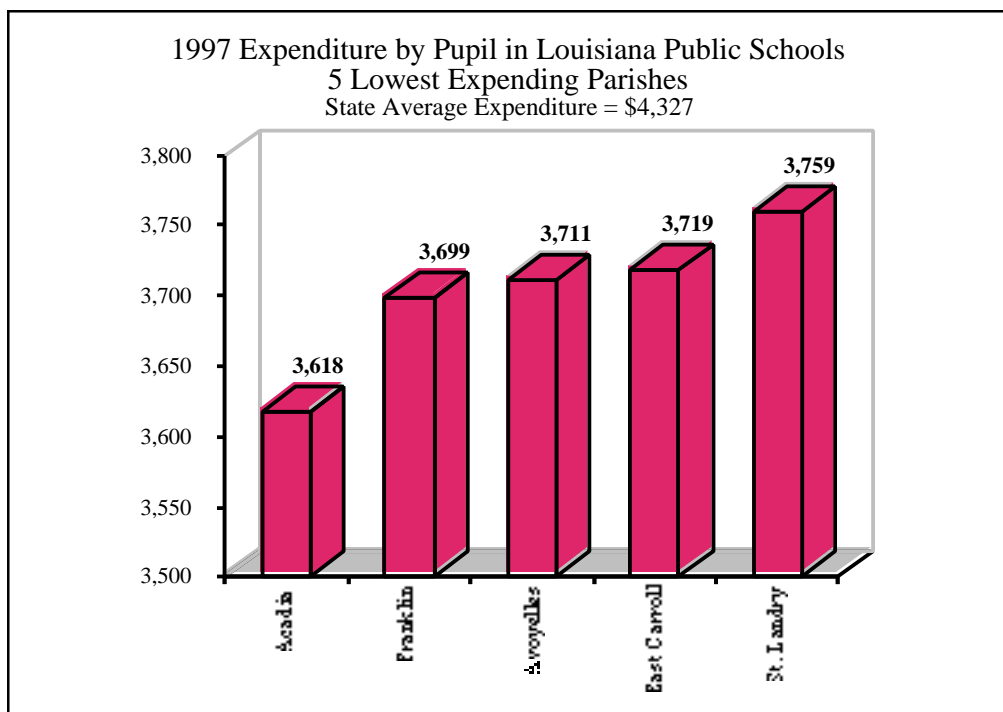
Eighty-six percent of youth attend public school (51% white and 46% black); however, adjusting for percent by race shows that 65% of white youth age 5-19 attend public school and 18% attend private school, while 89% of black youth age 5-19 attend public school and only 4% attend private school. See Appendix, pages A18-A21, for parish-specific details.

Three percent of Louisiana youth attending public and private schools are registered in gifted classes. This figure represents 4% of all white students and 1% of black students attending school. Another 10% of Louisiana youth are registered in disabled classes. This figure represents 12% of black youth and 8% of white students attending school. See Appendix, pages A22-A27, for parish-specific details.





The average parish expenditure per pupil in Louisiana was \$4,327. There is nearly 150% difference on the amount parishes spend per pupil from the parish of greatest to least expenditure. Expenditures per pupil ranged from a high of \$5,319 in Cameron Parish to \$3,618 per pupil in Acadia Parish. See Appendix, page A28, for parish-specific details.





After-School Hours

Although the time adolescents spend in school is of critical importance, the time adolescents spend away from school is of tantamount importance. While many urban areas across the country have initiated and are enforcing 8:00 p.m. weekdays or, on weekends, 11:00 p.m., curfews for adolescents, the prime time for adolescents to engage in health and life-threatening risk behaviors is between the hours of 3:00 and 6:00 p.m., immediately after school and while most parents are still at work.¹⁹ Unsupervised and with no structured activity, adolescents often use this time to experiment with drugs and alcohol, engage in unsafe sexual activity, unhealthy eating and tobacco use. The “3:00 to 6:00 p.m. issue” has given rise to a new body of literature that supports the development of adolescent centers for recreation and sports, communication skills, tutoring and homework assistance, entertainment and social activities, job skills training, mental health counseling and primary health care services. Secondary school buildings are a prime location for such “centers.” Providing after-school programs can assist in strengthening the assets of our youth, as well as hopefully prevent them from engaging in high-risk behaviors.

School-Based Health Centers

Providing one piece of the puzzle, school-based health centers provide adolescents with health education, a healthy school environment and primary health care services in an easily accessible and cost-efficient manner. For close to a century, schools have been sites for improving the health and well-being of children and adolescents nationwide by serving those who have been unserved or underserved by the traditional health care system.²⁰

As of January, 1999, there were 36 school-based health centers in Louisiana (see map on page 26). The top ten conditions for which students visited school-based health centers during the 1997-1998 school year were:

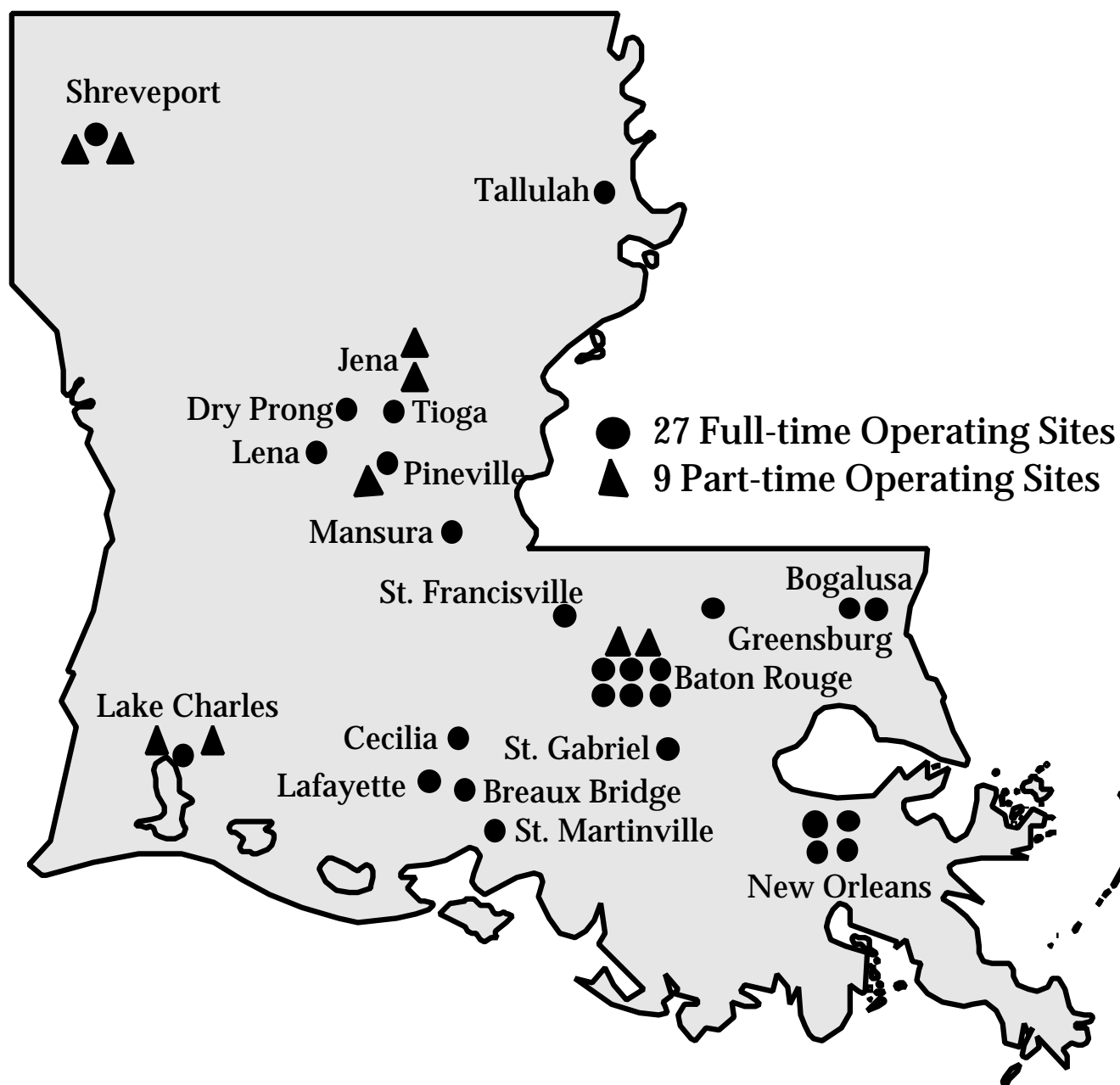
- Health supervision (routine health checks, sports/camp/job physicals, immunizations, lab test follow-ups, dietary surveillance and counseling);
- Medication administration (daily medications given to students with ADD, ADHD, asthma, etc.);
- Symptoms (headache, cold, fever, abdominal pain, throat pain, backache, nausea, vomiting);
- Emotional conditions;
- Conditions of the respiratory system;
- Conditions of the nervous system;
- Injury and poisoning (superficial injuries or contusions, sprains, strains, allergies, burns);
- Conditions of the musculoskeletal system;
- Conditions of the skin;
- Conditions of the ear.²¹

Standardized Testing

As explained by the Louisiana Department of Education, criterion-referenced tests are the Graduation Exit Examinations of the Louisiana Educational Assessment Program and are used to measure academic achievement throughout the state. The secondary level exams include English language arts, mathematics, science, written composition and social studies. Norm-referenced tests are also used by the Louisiana Educational Assessment Program. These tests are used to compare knowledge and achievement of Louisiana students with others nationwide.

The ACT, or the American College Test, is required by the admissions offices of all Louisiana colleges and universities. Louisiana scores are presented by parish and are average composite scores for graduating seniors. The ACT includes four components: English, mathematics, reading and science reasoning. Composite scores range from 1-36.

School-Based Health Center Sites for 1998-1999



¹⁷ 1996 KIDS COUNT DATA BOOK: State Profiles of Child Well-Being. The Annie E. Casey Foundation, Baltimore, 1997.

¹⁸ Ibid, 1997.

¹⁹ Lipsitz, J., *After School: Young Adolescents on Their Own*. The Search Institute, Minneapolis, 1995.

²⁰ *MCHB Fact Sheet*. Maternal and Child Health Bureau, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services.

²¹ *1997-1998 Annual Services Report of Louisiana School Based Health Centers*. Adolescent School Health Initiative, Louisiana Office of Public Health, Department of Health and Hospitals.

Chapter Five



*Mental Health,
Crime & Violence*

Mental Health

Risk Factors Affecting Children and Adolescents

Many routine life events that may seem trivial to adults can be emotionally charged and have a significant effect on a child or adolescent. Such events might be loss of a boyfriend or girlfriend, drop in grades, negative comments, or teasing from peers, a friend, parent or teacher. Such life events may trigger a depressive or other emotional/behavioral state in children or adolescents and show the great need for a strong support network of family, especially parents, friends, teachers, coaches and/or other significant adults.

Depression is a common condition that is often underdiagnosed in the child and adolescent population. It can lead to serious and significant problems with families, school, work and personal adjustment that can be carried into adulthood. Normally, depression can be managed by a family physician and the support of the child or adolescent's family.²²

In addition to depression, children and adolescents experience a wide range of emotional and behavioral conditions which can also affect their ability to function successfully. Temporary impairments of social, academic and personal care skills can be exhibited by confused thinking, hyperactivity, impulsiveness, aggressiveness, defiance of rules, anxiety, school refusal/avoidance, sleep disturbances or eating disorders. More severe manifestations may include homicidal and/or suicidal ideation or overt psychotic behaviors.

Emotional or behavioral symptoms which can be recognized by friends and family of the child or adolescent include general sadness that may be shown through sleep disturbances characterized by all-night TV watching, sleeping during the day, difficulty in waking up for school, a lack of motivation and lowered energy level for school work with consequent drop in grades, moodiness, irritability or even aggressiveness towards parents or siblings but usually not toward peers. All symptoms are not usually present. However, combinations of some may warrant extra support or consultation with a physician or mental health professional.

Mental Health Interventions

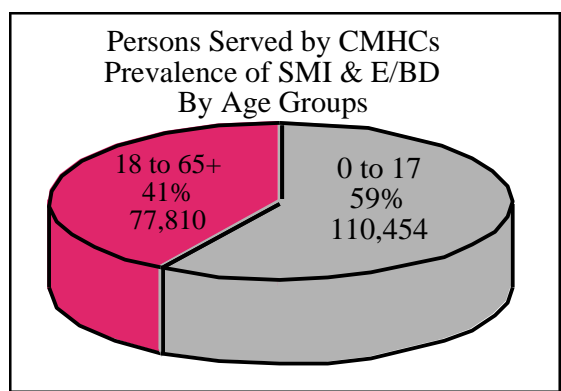
Treatment for psychiatric symptoms may include psychotherapy, medication or behavioral interventions and/or social support to the child/family. Early diagnosis and family involvement with the child or adolescent's treatment have been shown to be a most effective approach to successful treatment. The Office of Mental Health (OMH) supports school-based mental health programs at four School-Based Health Centers and provides school-based mental health services in 125 schools around the state. These programs ensure early diagnosis and early treatment in a familiar, consumer friendly environment which encourages participation by the family in the child or adolescent treatment. OMH-sponsored and other local family support groups, such as Federation of Families for Children's Mental Health and Families Helping Families, assist families in maximizing their access to OMH, school and other community agencies to assure successful treatment interventions for their children.

Access to Office of Mental Health Services

Access to OMH community-based mental health services is through one of 43 mental health centers or 31 mental health outreach clinics located across 64 parishes. All regions have 24-hour crisis phone lines, face-to-face 24-hour emergency assessment and availability of acute hospitalization. Out-patient sites provided 4,733 children/adolescents with 54,375 mental health services in FY 97/98. Attention Deficit/Hyperactivity Disorder, Major Affective Disorders, Depressive Disorders and Adjustment Disorders comprised the top four diagnoses for these children and adolescents. Each region of the state has a Children's Program Coordinator to assure that comprehensive wrap-around mental health services are accessible in an effort to avoid out-of-home placement of the child or adolescent. The New Orleans Adolescent Hospital, Southeast Louisiana State Hospital and Central Louisiana State Hospital provided 1,071 children/adolescents with inpatient services in FY 97/98. Children and adolescents are screened for admission by the Single Point of Entry (SPOE) process to assure that alternative community-based treatment services have been considered prior to the decision to admit to an inpatient facility.

To receive services at the community mental health centers (CMHCs), age, diagnosis, disability and duration criteria established for the emotional/behavioral disorders are used. The Department of Education Division of Special Populations use the same E/BD criteria in determining eligibility for services. Children under 18 years of age must have a condition which has lasted at least three months and will persist for at least a year. This is usually a diagnosis with a degree of severity which seriously impacts contact with reality, severely impairs social, academic or self-care skills, serious discomfort from anxiety, suicidal depression, irrational fears or a Diagnostic and Statistical Manual of Mental Disorders (4th edition) diagnosis indicating a severe mental disorder such as schizophrenia, psychosis or severe conduct disorder. It is estimated that 110,450 children and adolescents in Louisiana suffer with a serious emotional disorder.

Summary of Information on FY 97 Selected Services



- 43 CMHCs provide services to 39 (60%) parishes; 38 (86%) serve children/youth
- 31 outreach sites provide services to 34 (53%) parishes; 7 (22.5%) serve children/youth
- 56 (88%) of Louisiana's parishes are rural
- 31 (72%) of 43 CMHCs are located in rural parishes
- 30 (97%) of 31 outreach sites are located in rural parishes
- 13 (23%) of 56 rural parishes have school-based mental health services provided in 84 different schools
- 116 (72.5%) of 160 schools provide mental health services in rural parishes

SMI = Seriously Mentally Ill

E/BD = Emotionally Behaviorally Disturbed

For More Information about Mental Health for Children and Adolescents

Please Contact the Louisiana Office of Mental Health
Children's Program Coordinator for your Region

Region I

Gilda Armstrong-Butler
Region I Administration Office
136 South Roman Street, 2nd Floor
New Orleans, LA 70112
(504) 556-9730; (504) 556-9778
FAX: (504) 556-9874; Beeper: (504) 679-7728

Region II

Stanley Mong
Capital Area Human Services District
4615 Government Street, Bldg. B
Baton Rouge, LA 70806
(225) 925-1768
FAX: (225) 925-1987

Region III

John Navy
c/o Terrebonne Mental Health Center
500 Legion Avenue
Houma, LA 70364
(504) 857-3615
FAX: (504) 857-3706

Region IV

Sonja LeBlanc
c/o Acadiana Mental Health Center
400 St. Julien Street
Lafayette, LA 70506
(318) 262-4177
FAX: (318) 262-4183

Region V

Hortensia Vincent
c/o Lake Charles Mental Health Center
4105 Kirkman Street
Lake Charles, LA 70605
(318) 475-8600
FAX: (318) 475-8054
Beeper: (318) 479-3353

Region VI

John McDaniel
c/o Alexandria Mental Health Center
P.O. Box 7473
Alexandria, LA 71306
(318) 487-5598
FAX: (318) 487-5040

Region VII

Russell Semon
c/o Shreveport Mental Health Center
1310 N. Hearne Avenue
Shreveport, LA 71107
(318) 676-5111; 676-5133
FAX: (318) 676-5021

Region VIII

Helen Boyd
c/o Monroe Mental Health Center
P.O. Box 1843
Monroe, LA 71210
(318) 362-3339
FAX: (318) 362-3336

Region IX

Melanie Watkins
c/o Lurline Smith Mental Health Center
900 Wilkinson Street
Mandeville, LA 70448
(504) 624-4450
FAX: (504) 624-4461

Region X

Vicki Scanlan-Leishman
c/o Jefferson Parish Human Services Authority
3101 West Napoleon, Suite 107
Metairie, LA 70001
(504) 838-5750
FAX: (504) 838-5749

State Office of Mental Health

A.E. Voigt
Child Day Programs Specialist
P. O. Box 4049
Baton Rouge, LA 70821-4049
(225) 342-9965
FAX: (225) 342-5066

Violence and Crime

*“I’m worried about going outside, wondering if I’m going to live to see the rest of the day...
or am I gonna get shot, mugged, raped, stabbed, whatever.”*

– Adolescent Focus Group Participant

Poverty, racism, inequality and lack of opportunity breed and sustain violence in this country and in Louisiana. Movies, television and popular music suggest to our youth that violence is not only a normal part of everyday life, but an accepted part as well. In turn, America’s adolescents are at disproportionate risk for becoming victims of violence in their schools, communities and homes. Adolescents are also more likely to commit violent acts against another individual. Violence is defined as the use of force with the intent to do bodily harm to oneself or others²³, and it includes homicide, domestic and sexual violence, child abuse and neglect, suicide, assault and battery.

According to the National Adolescent Health Information Center, homicide rates for males of all races dramatically increase in late adolescence and again in early adulthood. Data from 1995 from the Council on Alcohol and Drug Abuse states that each month in Louisiana, 45% of adolescents will be in a fight and 29% of adolescents will carry a weapon. As a result, Louisiana has the highest teen violent death rate for adolescents aged 15-19 in the entire country.²⁴

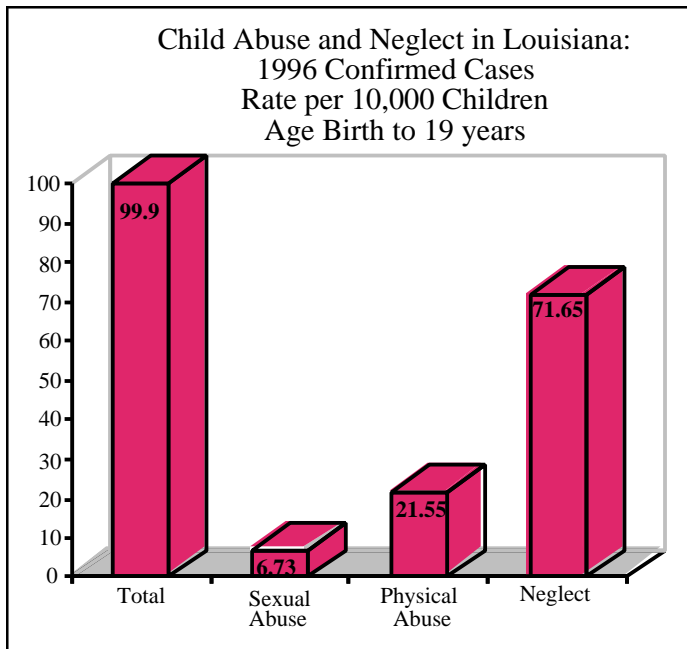
Whether a victim or a witness, child abuse and neglect within the family places adolescents at high risk for serious physical, mental and social health problems, including school failure. In the Study of National Incidence of Child Abuse and Neglect, the most common abuse was physical, followed by emotional and sexual; the most common kind of neglect was educational, followed by physical and emotional. The study further reports that sexual abuse of children has been on the rise.²⁵

Adolescent females aged 16-19 are more at risk of being raped or sexually abused than females in any other age group.²⁶ Nationally, over 50% of all births to adolescents are fathered by men over the age of 20. In Louisiana, approximately two-thirds of fathers of children born to adolescent mothers are 20 years old or older.

Suicide is the third leading cause of death among adolescents nationwide.²⁷ Suicide is more common among young males than young females, although more females than males attempt to commit suicide. It is more prevalent among Native American, Alaskan Natives and White males than their African-American, Asian or Latino counterparts.²⁸ One in four students responding to the 1997 Louisiana Youth Risk Behavior Survey had made a plan about how they would attempt suicide in the past year.

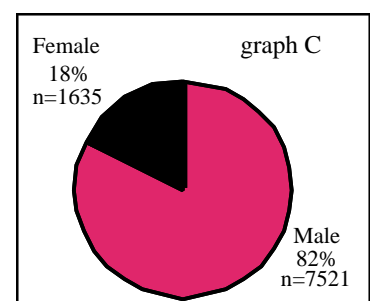
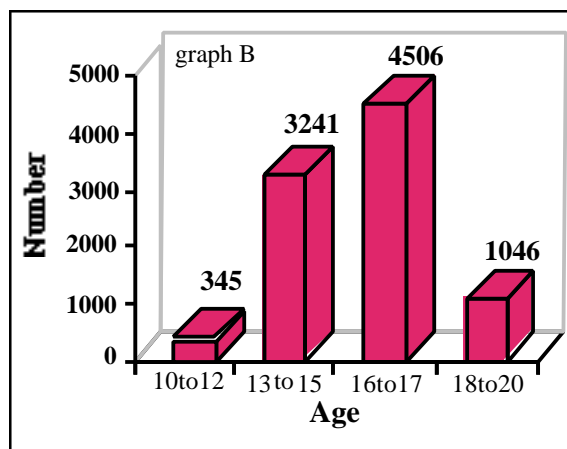
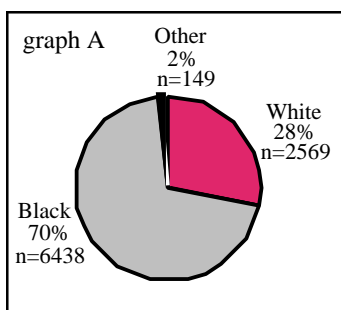
Offenders under the age of 21 commit more than one-fourth of all violent crime. Older teenagers between the ages of 17 and 19 are the most violent of all age groups.²⁹ Louisiana has the 6th highest juvenile violent crime arrest rate for adolescents aged 10-17 years.²⁴

Each year, over two million American children and adolescents are arrested. Of these, more than 600,000 are incarcerated in juvenile or correctional facilities.³⁰ Most of these juvenile offenders have not committed any violent or serious crimes. Instead, they are victims of poverty, abuse, neglect or emotional disorders.³¹ The health and well-being of incarcerated youth are of critical concern for all of those working to improve public health and social welfare nationwide. Nationally, males account for over 80% of all incarcerated youth.³² Many adolescents who leave the juvenile justice system are quick to return. As of January 1994, almost 40% of adolescents who were released from the Louisiana Office of Youth Development's secure or non-secure custody had recidivated.³³ In addition, many Louisiana youth are in boot camps and after-care programs.



In 1996, 100 per 10,000 Louisiana children (n=13,749) were victims of confirmed cases of child abuse and neglect. The rate of sexual abuse was nearly 7 per 10,000 children, physical abuse was almost 22 per 10,000 children and neglect was over 71 per 10,000 children. See Appendix, pages A30-32, for parish-specific details.

In 1997, 128 per 10,000 adolescents (n=9,156) in Louisiana were juvenile offenders (custody and non-custody population). Black youth were nearly twice as likely as other non-white youth (Asian, Latino or other) and four times more likely than white youth to be offenders (234 per 10,000 blacks, 107 per 10,000 other youth and 61 per 10,000 whites were offenders, see graph A. Juveniles age 16-17 were the most likely to be offenders (see graph B) and males were eight times more likely to be offenders than females (offenders are 82% male and 18% female), see graph C. See Appendix, pages A33-A34, for parish-specific details.



²² Blackman, M. "You Asked About...Adolescent Depression." Depressive Disorders. 1995.
 <<http://www.mentalhealth.com/mag1/p51-dp01.html>> (May 24, 1997)

²³ *Violence as a Public Health Problem: Developing Culturally Appropriate Prevention Strategies for Adolescents and Children*. Proceedings of the 1992 Public Health Social Work Maternal and Child Health Institute, Pittsburgh, 1992.

²⁴ 1996 KIDS COUNT DATA BOOK. Annie Casey Foundation.

²⁵ *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. Department of Health and Human Services, Washington D.C., 1990.

²⁶ Hearing of the House of Representatives Select Committee on Children, Youth and Families: "Women, Violence and the Law," September 16, 1987.

²⁷ *Fact Sheet on Adolescent Suicide*. National Adolescent Health Information Center, May 1995.

²⁸ Ibid, 1995.

²⁹ *Activism 2000 Project Fact Sheet for 1996 Florida Youth Conference on Health*. Originally taken from House Judiciary Subcommittee.

³⁰ Thompson, L. and Sheahan, P. (1994). Health Care of Incarcerated Youth: State Programs and Initiatives. Arlington, VA: National Center for Education in Maternal and Child Health.

³¹ Ibid, 1994.

³² *Fact Sheet on Out-of-Home Youth*. National Adolescent Health Information Center, August 1996.

³³ Louisiana Department of Public Safety and Corrections Master Plan, October 1995.



Chapter Six



*Homeless
Adolescents*

Homelessness - Defined Education Programs - Who is Eligible?

by Luke Chiniche, Jr., Ed.S.
Adopted from Donna Bolt, Oregon Homeless Education Coordinator

Where do homeless people live?

As the prelude to a discussion about homelessness, this question tends to trigger some predictable responses, such as they live in shelters, under bridges, in their cars.

However, when we start to think outside the box in defining what is meant by “homelessness,” we may become more aware of people living in circumstances which, while technically “housed,” are actually so impermanent, uncomfortable or unsafe as to be detrimental to the pursuit of a productive livelihood.

In relation to children, youth and families, “homeless” and “highly-mobile” have been operationally defined by the Louisiana Department of Education (LDE) Homeless Program, so that virtually any child or youth whose living circumstances are such that they are not able to access and/or succeed in school can be served. (This presumes the child or youth is not already receiving full educational services through another federal educational program, such as Migrant Education.)

Following are broad definitions of homeless and highly-mobile, which the LDE Homeless Program uses to determine eligibility for educational services through the McKinney Homeless Education and Title 1A programs at the state and local levels. The point of these definitions is to be more inclusive than exclusive; children and youth who are considered at risk of becoming homeless are also eligible for services under these programs. Exceptions to the definitions describing circumstances, which are not considered “homeless,” are also included.

Definitions: Homeless and Highly-Mobile Children and Youth

The Stewart B. McKinney Homeless Assistance Act (P.L. 100-645) defines a homeless individual as “one who lacks a fixed, regular and adequate nighttime residence and/or who has a primary nighttime residence that is a short-term or transitional shelter, or a place not designed for or ordinarily used as a regular sleeping accommodation for human beings.”

Homeless children and youth may be accompanied by family members, or be on their own (unaccompanied). The U.S. Department of Education advises that determinations of whether a child or youth is homeless should be made on a case-by-case basis.

In Louisiana, expanded definitions have helped local districts understand who may be in need of assistance. Children and youth living in the following types of situations are eligible for assistance from local homeless education programs:

● *Children and Youth in Transitional or Emergency Shelters*

Children and youth in transitional or emergency shelters, with or without other family members, are considered homeless. This applies to families and youth in shelters for economic reasons, as well as to those who are displaced from housing due to natural or other disasters (e.g., earthquakes, flooding, house fire). In the event of massive homelessness, such as that which can be caused by natural disasters, it is suggested that districts provide services for one family or individual student only to the degree that similar services can be extended to all families and students in the district presenting similar needs.

● *Children and Youth Living in Trailer Parks, Camping Grounds, Vehicles*

Children and youth residing temporarily in trailer parks or camping areas because they lack adequate living accommodations should be considered homeless. Those living in trailer parks or camping areas on a long-term basis in adequate accommodations should not be considered homeless. Inadequate shelter/housing can include that which lacks electricity, plumbing or sufficient heating, as well as housing affected by unhealthy circumstances such as head lice infestation, particularly when such circumstances lead to frequent school absences and /or poor school performance.

● *Children and Youth “Doubled-Up” in Housing*

Children living in “doubled-up” accommodations, sharing housing with relatives or friends, are considered homeless if they are doubled-up because of loss of housing or similar circumstances which force them to share housing. Families voluntarily living in doubled-up accommodations to save money generally should not be considered homeless, but should be considered eligible for services if the accommodations are such that the children involved have difficulty accessing or succeeding in school. For example, overcrowded housing can have detrimental effects on student school performance. The U.S. Census Bureau considers housing overcrowded if there are more than 1.5 persons per room (i.e. three people living in a two-room apartment may not be overcrowded, but four people in the same space would be considered as such).

● *Children and Youth Living in Motels and Weekly-Rates Apartments*

Some social service agencies will provide vouchers to motels for clients, in lieu of emergency shelter space. Children and youth placed in motels for lack of shelter space are still considered homeless. Other families find motels to be affordable, while move-in expenses and deposits for more permanent housing are not within reach. Children and youth who live under such circumstances are eligible for homeless education services to the extent that they are inadequately housed (e.g., without cooking facilities) and/or are living in over-crowded situations.

● *Foster Children and Youth*

In general, children and youth in foster homes are not considered homeless. Many foster children are in the care of a public agency awaiting placement in more permanent situations. The foster home, although temporary, serves as a fixed, regular and adequate nighttime residence. Children placed in foster homes for lack of shelter space, however, should be considered homeless.

● ***Incarcerated Children and Youth***

Children and youth who are incarcerated for violation or alleged violation of a law should not be considered homeless, even if prior to their incarceration they would have been considered homeless because they were living in inadequate accommodations. Children and youth who are under care of the state and are being held in an institution because they have no other place to live should be considered homeless. Once these children are placed in more permanent facilities, they are no longer considered homeless.

● ***Migratory Children and Youth***

Migratory children and youth should not be considered homeless simply because they are children of migratory families. To the extent that migratory children and youth are living in accommodations which are unfit for habitation, they should be considered homeless. In Louisiana, children from migratory families who are not in the service area of a Migrant Education Program are eligible for services from school district homeless education projects.

● ***Unaccompanied Minors: Runaway and Abandoned Youth***

Children or youth who have left home and live in runaway shelters, abandoned buildings, with friends, on the streets, in parks or other inadequate accommodations are considered homeless, even if their parents have provided or are willing to provide a home for them. Abandoned youth, those whose parents will not permit them to live at home, or those who have been left on their own are also considered eligible for services. The term “constructive runaway” has been used in Louisiana to describe youth who have fled abusive situations in their parental homes.

● ***Highly-mobile Families and Youth***

Highly-mobile children and youth may move frequently as part of families in search of housing or work, as part of the migratory labor force or for many other reasons. This includes all children and youth whose frequent school changes may result in reduced school attendance, instability, erratic performance and socialization difficulties. Highly-mobile children and youth, while perhaps not always categorically “homeless,” have some of the same needs as those who are homeless due to lack of affordable housing and can benefit from some of the same services. Students who have had two or more school changes in a year should be regarded as eligible for homeless programs’ services if they demonstrate such needs, as listed above.

What can we do to help homeless people?

Volunteer at a soup kitchen! Donate your cast-offs! Make sure they can have a turkey dinner at Thanksgiving, like everyone else.

Just as there are common characterizations about where homeless people live, so there are common ideas on how to help the homeless. One classic response, delivered by a comfortably-housed five-year old, probably makes the most sense: “Why don’t we just get them a home?”

The LDE Homeless Program challenges schools and districts to address the needs of homeless and highly-mobile families and youth in ways which will have a positive impact on their ability to access and succeed in school. Some suggested activities to start local programs appear below.

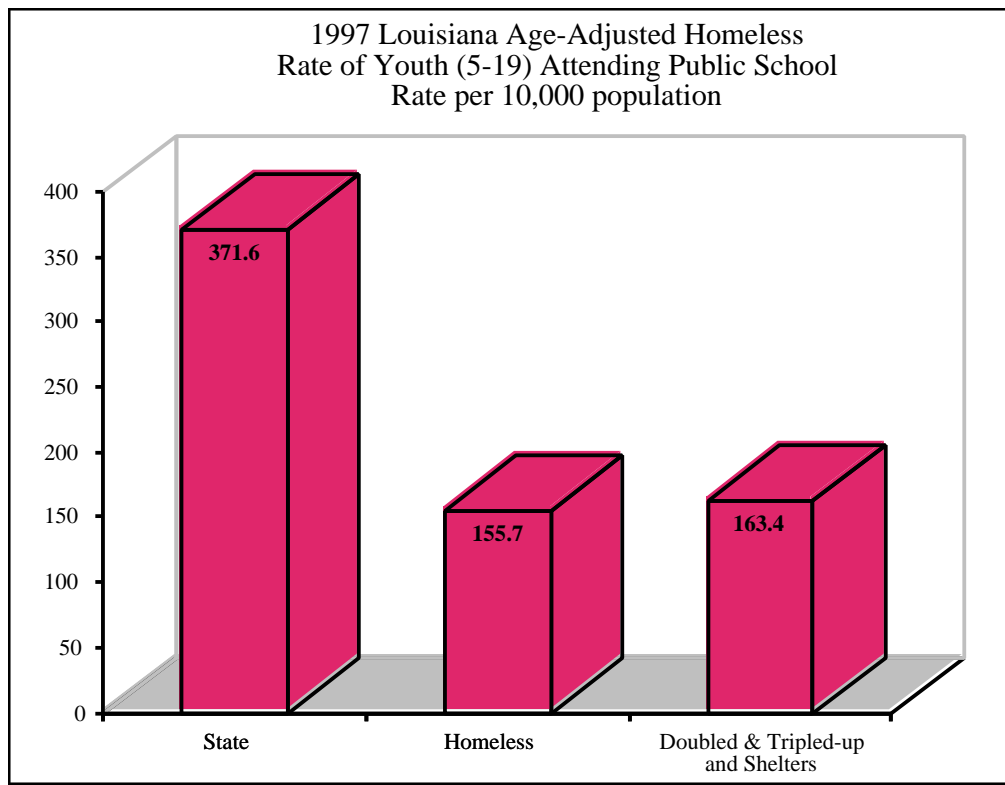
Activities for School Districts to Address the Needs of Homeless and Highly-Mobile Families

- Designate a liaison for the district to act as a contact person, outreach worker and advocate for homeless and highly-mobile families and youth.
- Identify local service providers (shelters, food banks, community agencies) and print a contact sheet for newly-arriving families. Attend local homeless coalition meetings or other advisory groups, where the needs of area homeless people are discussed.
- Print brochures and posters to inform parents and youth of their rights to public education, even if they don’t have an address (samples are available from LDE) and to provide contact information for assistance with school enrollment and attendance. Distribute printed material at shelters, food banks, laundromats, weekly-rates motels, etc.
- Collect clothing, shoes, school supplies, hygiene products and other goods through donations and distribute to students and families in need. Try to locate sources for new items, instead of only collecting used goods.
- Strive to make newly-arriving families and youth feel welcome at school and in your community, even if you know they are not planning to be in the area very long.

Runaway, Homeless and Street Youth

Runaway, homeless and street youth are those youth who have no permanent residence. Many of these youth are considered to have been “pushed away” or “thrown away,” as they are often forced to leave their homes.³⁴ In addition:

- The average age for homeless and runaway youth is 14-16 years;
- Of homeless and runaway youth surveyed, 60% reported regular use of alcohol and 20-50% reported regular use of drugs, such as heroin and cocaine;
- Nearly one-third of homeless youth have previously attempted suicide.³⁵



A total of 372 children out of every 10,000 children (age birth - 19) attending public school in Louisiana are homeless. This figure reflects the more than 156 per 10,000 who are homeless and another 163 per 10,000 who live in near temporary housing like shelters or weekly-rate motels. See Appendix pages, A36-A37, for parish-specific details.

³⁴ *National Adolescent Health Information Center Fact Sheet*. August 1996.

³⁵ *Ibid*, 1996.

Chapter Seven



Risk Behaviors

1997 Louisiana Youth Risk Behavior Survey

“Six categories of behaviors contribute to the leading causes of morbidity and mortality in the United States: behaviors that contribute to unintentional and intentional injuries; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and STDs (including human immunodeficiency virus [HIV] infection); unhealthy dietary behaviors; and physical inactivity. These behaviors, which frequently are interrelated, often are established during youth and extend into adulthood.”³⁶

The Youth Risk Behavior Survey (YRBS) is a national survey of the Centers for Disease Control and Prevention, Division of Adolescent and School Health. Administered by the Department of Education, the 1997 Louisiana YRBS provides information on the prevalence of these risk-behaviors among Louisiana adolescents.

The 1997 sample included all public schools in Louisiana with grades 9 - 12, excluding Orleans Parish. A total of 3,897 student surveys were completed within 61 Louisiana secondary schools during the spring of 1997. A sample of the findings from the 1997 Louisiana YRBS is as follows:

- 84% ever consumed alcohol
- 44% ever used marijuana
- 37% were in a physical fight in the past 12 months
- 7% vomited or took laxatives to lose weight during the past 30 days
- 23% never or rarely wore a seatbelt when riding in a car driven by someone else
- 9% carried a weapon during the last 30 days
- 40% were trying to lose weight
- 38% reported smoking cigarettes during the 30 days preceding the survey
- 6% ever used cocaine
- 10% attempted suicide in the past year
- 11% used chewing tobacco or snuff within the past 30 days³⁷

The 1997 Louisiana YRBS found the following health behaviors in need of improvement:

- wearing a helmet while riding a bicycle or motorcycle
- refusing to ride with drivers who have been drinking
- using conflict resolution skills to avoid physical fights
- refusing substances such as tobacco, alcohol or marijuana
- consuming less sugars and fats and more vegetables and fruits
- using appropriate weight control procedures

Alcohol, Drug, Tobacco Use & Gambling

“Drugs are a big problem around here. Everywhere you go, somebody on this corner [is] selling drugs”

– Adolescent Focus Group Participant

Substance Abuse

Substance abuse is on the rise among American adolescents. According to Child Health USA '95, alcohol, marijuana and cocaine use has risen steadily since 1992.³⁸ National surveys report that over half of all high school seniors report using alcohol monthly, although the legal drinking age in most states, including Louisiana, is 21 years old.³⁹ Drunk driving is against the law in every state. Most states define “drunk” as having a blood alcohol concentration of 0.10%.

Alcohol use can lead to short-term or chronic physical and mental health problems, accidental injury, family disturbances, poor academic performance or school drop out, and financial and legal problems. According to the 1997 Louisiana Youth Risk Behavior Survey (YRBS), 56% of the state’s adolescents will have had at least one alcoholic drink on one or more of the past 30 days. Also, in the 1997 Louisiana YRBS, 41% of adolescents reported that they had their first alcoholic drink before the age of 13.

Louisiana Takes A Stand reports that between the years of 1991-1994, marijuana use among eighth graders doubled and daily marijuana use among high school seniors is up by 50% during the same time period.⁴⁰ In the 1997 Louisiana YRBS, 44% of the adolescents surveyed reported that they have used marijuana one or more times in their lifetime and 24% reported using it one or more times in the past month.

Tobacco

“It’s something to do all the time; without smoking, you kind of get bored.”

– Adolescent Focus Group Participant

Smoking remains the leading cause of avoidable premature death.⁴¹ Even though there has been a reported decline in adult smoking prevalence between 1965 and 1990, adolescent smoking declined until 1984, when a marked increase occurred and tobacco use gradually rose through 1993.⁴² Two-thirds of America’s youth have tried smoking ⁴³ and more than 80% of regular smokers start before age 18.⁴¹ **Currently 3,000 adolescents become regular smokers every day ⁴¹ and 50 percent of all people who start smoking today will be addicted to cigarettes for 16 to 20 years.⁴⁴** This addiction will lead to a continued increase of health care costs and premature deaths.⁴¹ Thus, it is evident that prevention strategies implemented at an early age are very important, especially when the initiation of daily smokers most often begins between the 6th grade and 9th grade.⁴⁵ With more than three million children and adolescents currently smoking, the FDA reported that the number of eighth graders who smoke increased 30% between 1991 and 1994.⁴¹

Even though the use of cigarettes by adolescents is a major concern, the use of smokeless tobacco has been greatly overlooked. The Monitoring the Future Survey ⁴⁵ reported a slight decrease among 8th graders who currently used smokeless tobacco between 1991 (6.9%) and 1993 (6.6%). A slight increase was found among 10th graders who currently used smokeless tobacco between 1991 (10.0%) and 1993 (10.4%).⁴³

Project NIC, a tobacco prevention program, surveyed 541 sixth grade students in Louisiana. This study looked at the correlates of tobacco use and the effects of tobacco education on knowledge, attitudes and behaviors of 6th graders in Louisiana. The significant correlates associated with cigarette use found by Project NIC were: 1) if the student's best friend used to smoke, but quit; 2) if the student did not know if the best friend smoked; 3) if the student's best friend did smoke; and 4) if someone in the student's family under 18 years old smoked. The significant correlates associated with smokeless tobacco use found by Project NIC were: 1) if the student's best friend used to chew tobacco, but quit; 2) if the student's best friend did chew tobacco; 3) if the student was a race other than black or white; 4) if someone in the student's family under 18 years old smoked; 5) if someone in the student's family under 18 years old chewed tobacco; 6) if someone in the student's family over 18 years old chewed tobacco; 7) if the student scored in the middle on the knowledge scale questions; and 8) if the student scored low on the knowledge scale questions. For more information regarding Project NIC, please contact Dr. Millie Naquin in the Excellence in Health and Education Project at Southeastern Louisiana University at 504/549-5251.

Gambling

A study conducted by the Louisiana State University Medical Center Psychiatry Gambling Studies Unit was used to determine the prevalence of gambling disorders in 6th through 12th grade students in Louisiana. This study surveyed 12,066 students in public and non-public schools from 57 parishes during the 1996-1997 school year. Of those students surveyed, 86% reported that they participated in some type of gambling during their lifetime. Of those students surveyed, 10.1% demonstrated Level 2 gambling, or problem gambling, during the past year and 5.9% demonstrated Level 3 gambling, or pathological gambling, during the past year. Additional results of this study pertaining to gambling as well as tobacco, alcohol and other substance abuse can be found in the following tables.

Percentage of LA Students Reporting Ever Gambled, By Age	
<u>Age in Years</u>	<u>% ever gambled</u>
10	85.8
11	79.4
12	84.5
13	85.5
14	89.6
15	87.8
16	85.9
17	83.3

Of LA Students Reporting Ever Gambled, the Percentage Demonstrating Level 2 Gambling, By Age	
<u>Age in Years</u>	<u>% Level 2</u>
10	6.44
11	11.93
12	10.56
13	11.55
14	12.04
15	8.70
16	8.47
17	8.64

Of LA Students Reporting Ever Gambled, the
Percentage Demonstrating Level 3 Gambling, By Age

<u>Age in Years</u>	<u>% Level 3</u>
10	4.4
11	3.7
12	5.1
13	7.5
14	7.9
15	7.3
16	3.6
17	4.3

Of LA Students Reporting Ever Gambled,
the Mean Age of First Gambling, By Age

<u>Age in Years</u>	<u>Mean of Onset Gambling</u>
10	7.95
11	9.03
12	9.74
13	10.23
14	10.74
15	11.31
16	11.96
17	12.34

Of LA Students Reporting Ever Drinking, the Mean Age of
First Drink, By Age

<u>Age in Years</u>	<u>Mean Age of Onset for First Drink</u>
10	7.28
11	8.50
12	9.41
13	10.19
14	10.70
15	11.62
16	12.15
17	12.64

Of LA Students Reporting Ever Using
Marijuana, the Mean Age of First Use, By Age

<u>First Age in Years</u>	<u>Mean Age of Onset for Use of Marijuana</u>
10	9.0
11	9.2
12	10.3
13	11.6
14	12.3
15	13.2
16	13.8
17	14.5

Of LA Students Reporting Ever Smoking, the
Mean Age of First Cigarette, By Age

<u>Age in Years</u>	<u>Mean Age of Onset for Smoking Behavior</u>
10	8.33
11	9.26
12	9.85
13	10.61
14	11.2
15	11.95
16	12.42
17	12.79

Nutrition and Exercise

"Pizza, hamburgers, candy...that's what will get teens to come to health centers."

– Adolescent Focus Group Participant

The Food Guide Pyramid, designed by the U.S. Department of Agriculture and the U.S. Department of Health and Human Services, provides recommended daily allowances of foods for people of all ages. This includes:

- 6-11 servings of bread, cereal, rice or pasta
- 2-4 servings of fruits
- 3-5 servings of vegetables
- 2-3 servings of meat, poultry, fish, beans, eggs or nuts
- 2-3 servings of milk, yogurt or cheese
- Sparring portions of fats, oils and sweets

According to the Centers for Disease Control Guidelines for School Health Programs to Promote Lifelong Healthy Eating, the diets of American children and adolescents contain too much fat, sugar and sodium and not enough fruits, vegetables and calcium.⁴⁶ In addition, adolescent females consume substantially less iron and calcium than is recommended by the National Research Council.⁴⁷

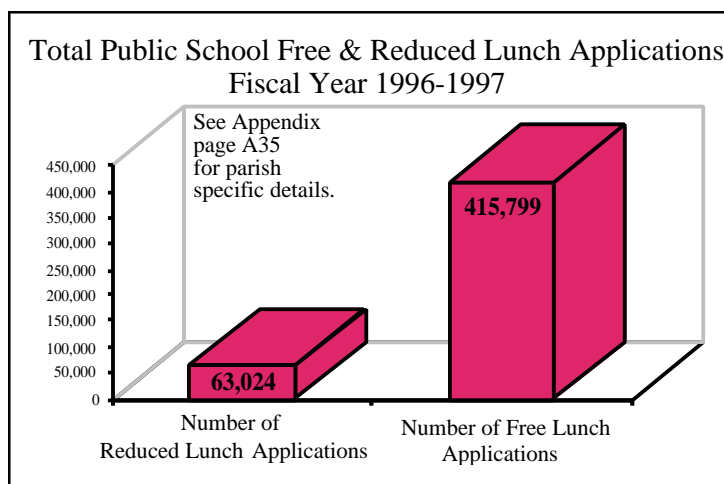
In addition to numbers of servings of different foods, adolescent girls need an average of 2,200 calories and 73 grams of fat per day. Adolescent boys need an average of 2,500 calories and 83 grams of fat per day.⁴⁸ Obesity, anorexia nervosa and bulimia are endemic among American youth, particularly female adolescents and young adults. Dieting, bingeing and purging, starvation and excessive exercise are all too common among American youth.

Guidelines of the Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and

Health Promotion suggest moderate physical activity for roughly 30 minutes per day most days of the week to significantly reduce the risk of heart disease, diabetes, high blood pressure and some cancers.⁴⁹ In addition to reducing the risk of acquiring a potentially life threatening disease, regular physical activity can reduce depression and anxiety, help control weight, help build and maintain healthy bones, muscles and joints and promote overall psychological well-being.

Patterns of physical activity in adulthood are developed in childhood and adolescence. According to the 1996 Report of the Surgeon General on Physical Activity and Health:

- Nearly half of all youths aged 12-21 years are not vigorously active on a regular basis;
- Inactivity is more common among adolescent females than males;
- Daily enrollment in physical education classes dropped from 42% to 25% among high school students between 1991-1995;
- Less than 20% of all high school students engage in 20 minutes of physical activity five days a week in a physical education class.



Injury

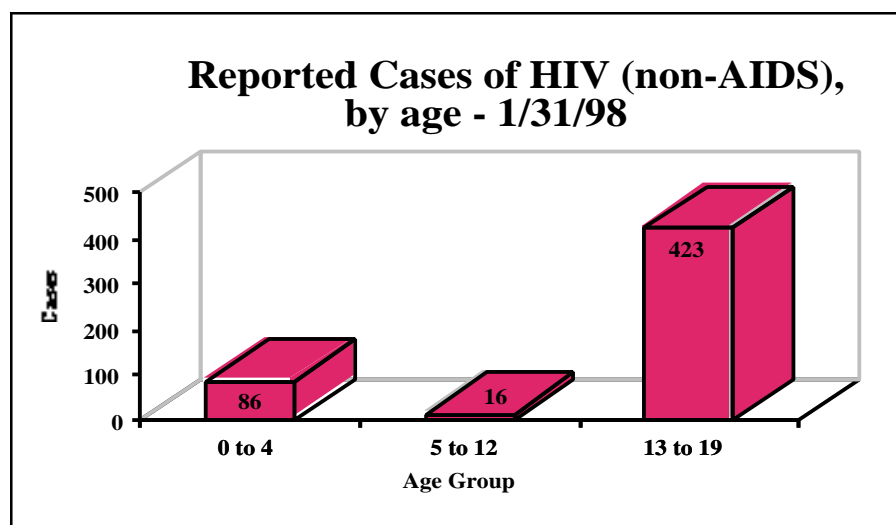
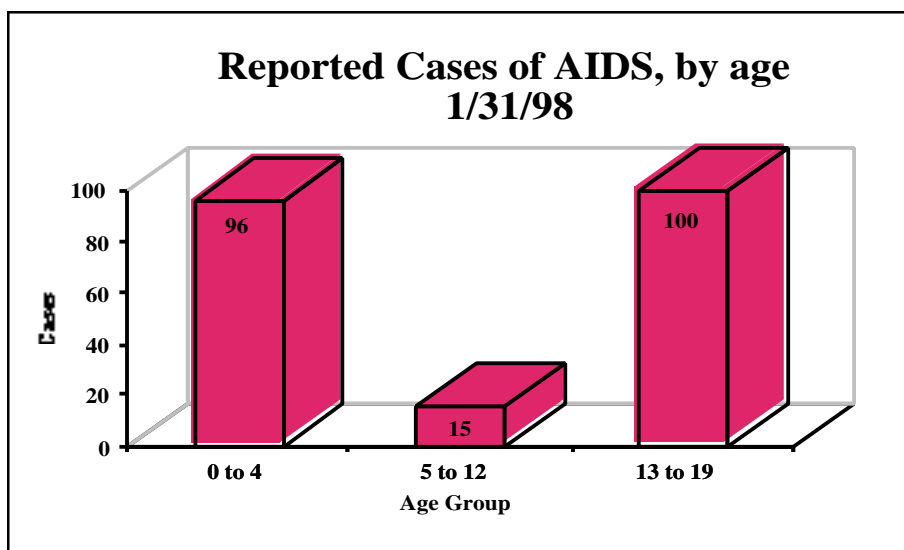
Injury is the leading cause of death for adolescents nationwide, as it accounted for more than 80% of adolescent deaths in 1993.⁵⁰ Injuries fall into two categories, intentional and unintentional, and they can cause morbidity, disability or death. Motor vehicle crashes are the number one cause of injuries leading to fatality, causing 28.2% of the unintentional deaths. Deaths due to firearms (27.8%) are the second leading cause of adolescent death due to injury (see *Violence and Crime* on page 31).⁵¹

In Louisiana in 1995, 165 adolescents aged 15-19 died of unintentional injuries, making them the number one cause of adolescent death. Homicide accounted for 111 adolescent deaths, and suicide claimed another 35. Motor vehicle crashes accounted for 175 deaths of adolescents aged 10-19 in 1995.⁵² Other accidental deaths include those from fire, drowning and poisoning. See Appendix, pages A39-A40, for age-specific injuries.

HIV/AIDS

Acquired Immune Deficiency Syndrome (AIDS) is caused by the Human Immunodeficiency Virus (HIV). HIV can be transmitted through blood, semen and vaginal fluids. HIV can be transmitted through the use of a contaminated hyperdermic needle or other drug paraphernalia, through heterosexual and homosexual sexual contact, and from an infected mother to her unborn child. HIV does not

discriminate by race, gender, geography or age. Adolescents and women of color are the fastest growing groups of HIV-infected people in the U.S., and many people with HIV or AIDS that are in their 20's contracted the virus while they were adolescents.

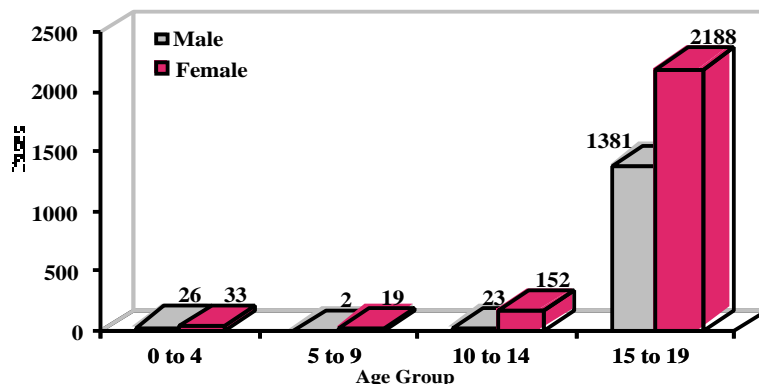


It is estimated that one in four new HIV infections in the U.S. occurs among people under the age of 21.⁵³ In Louisiana, there have been over 200 cases of AIDS in people under the age of 20, and close to 500 cases of HIV.⁵⁴

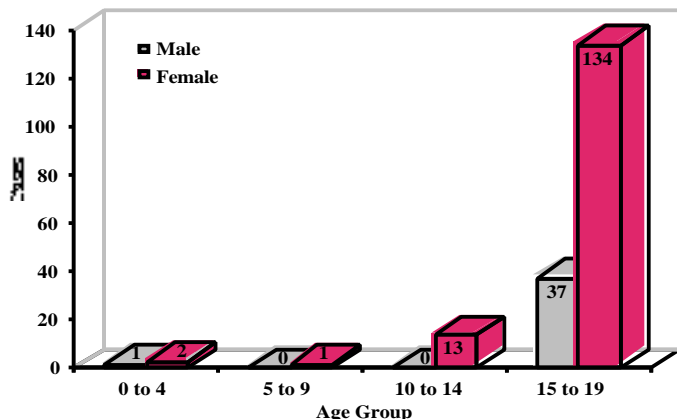
Sexually Transmitted Diseases

According to the Centers for Disease Control, roughly two-thirds of the 12 million cases of sexually transmitted diseases (STDs) that occur in the U.S. each year occur in individuals under the age of 25.⁵⁵ STDs are predominantly spread through sexual contact, although HIV and Hepatitis B can be spread through contact with infected blood. STDs can cause painful or uncomfortable symptoms, or they can cause no symptoms at all. Most STDs can be cured with antibiotics, although some cannot be cured. Common STDs include chlamydia, gonorrhea, genital warts, hepatitis B, herpes, syphilis and vaginitis. Adolescents are at higher risk of contracting an STD than their adult counterparts because they: 1) may be more likely to have multiple sexual partners; 2) may be more likely to engage in unprotected sexual intercourse; and 3) may be more likely to select partners who are at higher risk.⁵⁶

Reported Cases of Gonorrhea, by age in Louisiana STD Annual Report, 1997



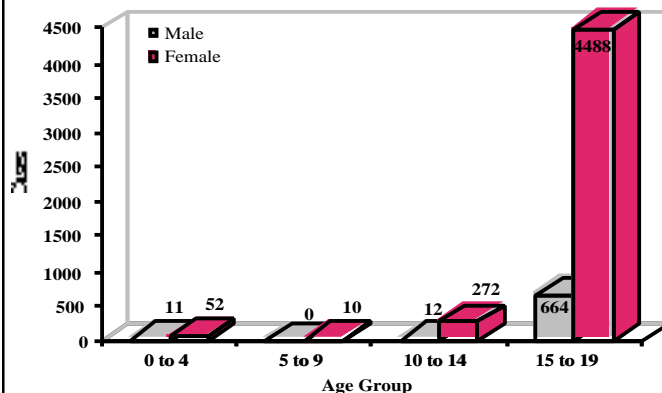
Reported Cases of Syphilis, by age in Louisiana STD Annual Report, 1997



close to 3,700 adolescents aged 10-19 in Louisiana, and chlamydia was reported in over 4,800. In addition, there were close to 500 cases of syphilis among adolescents aged 10-19 in 1995.⁵⁸

Chlamydia and gonorrhea are the most common STDs among Louisiana adolescents today. In the March-April 1997 Louisiana Morbidity Report, it was reported that the age group with the highest rates of gonorrhea are 15-19 year olds.⁵⁷ Gonorrhea was reported in

Reported Cases of Chlamydia, by age in Louisiana STD Annual Report, 1997



Teenage Pregnancy

“You have a baby at an early age, that’s messing up your life.”

– Adolescent Focus Group Participant

The consequences of early childbearing impact both the mother and the child. Babies born to young mothers are more likely to be of low birth weight, have serious health problems, and be hospitalized more frequently than are babies born to older mothers.⁵⁹ Nationally, only 50% of teen mothers ever complete high school and, overall, women who were teen mothers earn half the lifetime income of women who gave birth in their twenties.⁶⁰ With one out of five births to adolescent girls, Louisiana ranks second in the nation with the highest percentage of births to teens. See Appendix page A38 for parish-specific details. Two-thirds of fathers of babies born to Louisiana adolescent mothers are 20 years old or older.⁶¹

A web of personal, family and societal risk factors contribute to adolescent pregnancy and childbearing, as well as a myriad of other adolescent health problems such as violence, drug and alcohol use, unintentional injury, tobacco use, sexually transmitted diseases (including HIV), school dropout, depression and emotional disorders.

Personal risk factors include:

- Low expectations for educational achievement
- School failure
- Lack of regular school attendance
- Peer influence
- Lack of connectedness or affiliation
- History of abuse, particularly sexual abuse
- Involvement in other high-risk activities, such as alcohol or drug use

Family risk factors include:

- Low income
- Low level of parental education
- Poor communication skills, particularly with teens
- Lack of support for adolescent children
- Mother was a teen parent
- Abusive relationships, particularly sexual abuse

Societal risk factors include:

- Poverty
- High rates of unemployment
- Poor living conditions and a lack of adequate housing
- Inadequate educational opportunities and low levels of literacy
- Institutionalized racism and gender bias

Abstinence is the only method that is 100% effective in preventing teenage pregnancies. There is no such thing as risk-free sex. Having sex means facing up to the possibilities of STDs and pregnancy. A holistic approach to addressing teenage pregnancy must: 1) focus on the whole individual and his/her entire environment; 2) involve both the public and private sectors, including adolescent opinions and recommendations; 3) be innovative; 4) be community centered; 5) be collaborative and interdisciplinary; and 6) be long term and sustainable.⁶²

36 Centers for Disease Control & Prevention. CDC Surveillance Summaries, *MMWR*, August 14, 1998;47 (No. SS-3).

37 *Ibid.*, 1995.

38 *Child Health USA '95*. Maternal and Child Health Bureau, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services, Washington, D.C., p. 48.

39 *Ibid.*, p. 48.

40 Louisiana Takes A Stand Fact Sheet, Abbeville, LA.

41 Food and Drug Administration. (1995). *Child and tobacco: The facts*. FDA Press Office, press release date: August 10, 1995.

42 Centers for Disease Control and Prevention. (1995). Trends in smoking for selected tobacco-use behaviors -- United States, 1900-1994. Mortality and Morbidity Weekly Report. Vol. 43 (SS-3).

43 U.S. Department of Health and Human Services. (1994). *Preventing tobacco use among young people: A report of the Surgeon General*. (DHHS Publication No. S/N 017-001-00491-0). Washington, D.C.: U.S. Government Printing Office.

44 Pierce, J. and Gilpin, E. (1995). How long will today's new adolescent smoker be addicted to cigarettes? American Journal of Public Health, 86(2), 95-100.

45 U.S. Department of Health and Human Services. *National household survey on drug abuse: Main findings 1991*. Public Health Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (DHHS Publication No. (SMA) 93-1980, 1993). Washington, D.C.: U.S. Government Printing Office. (From USDHHS. Preventing tobacco use among young people: A report of the Surgeon General. 1994)

46 Guidelines for School Health Programs to Promote Lifelong Healthy Eating, Morbidity and Mortality Weekly Report, USDHHS, PHS, Centers for Disease Control, June 14, 1996, Vol. 45, No. RR-9, Atlanta.

47 *Ibid.*, 1996.

48 *The Food Pyramid Booklet*, U.S. Department of Agriculture, Human Nutrition Information Service, Maryland.

49 Information Packet, CDC's National Physical Activity Initiative, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control, U.S. Department of Health and Human Services.

50 *Child Health USA '95*, U.S. Department of Health and Human Services, Public Health Service, Health Resources & Services Administration, Maternal & Child Health Bureau, Rockville, MD, September 1996.

51 *Ibid.*, 1996.

52 *Special Report of the Children's Defense Fund, Child Health Day 1996 Violence Prevention Packet*, USDHHS, Health Resources and Services Administration, Maternal & Child Health Bureau, Rockville, MD, September 1996.

53 *Youth & HIV/AIDS: An American Agenda, A Report to the President*, Office of National AIDS Policy, Washington, DC, March 1996.

54 Surveillance Report: 4/30/97, HIV Surveillance Office, Office of Public Health.



⁵⁵ Youth & HIV/AIDS: An American Agenda, A Report to the President, Office of National AIDS Policy, Washington, DC, March 1996.

⁵⁶ *Sexually Transmitted Disease Surveillance 1995*. Centers for Disease Control and Prevention, Public Health Service, U.S. Department Health and Human Services, Atlanta.

⁵⁷ Louisiana Morbidity Report. 8(2) March-April 1997, Louisiana Office of Public Health.

⁵⁸ Data Report, Communicable Disease Control Section, Louisiana Office of Public Health.

⁵⁹ Children Having Children, Child Welfare League of America, 1987.

⁶⁰ Ibid., 1987.

⁶¹ Center for Health Information and Statistics, Louisiana Office of Public Health.

⁶² Teen Pregnancy in Louisiana Slide Presentation, Louisiana Adolescent Health Initiative, Louisiana Office of Public Health, 1997.



Chapter Eight



Infectious Diseases

Infectious Diseases

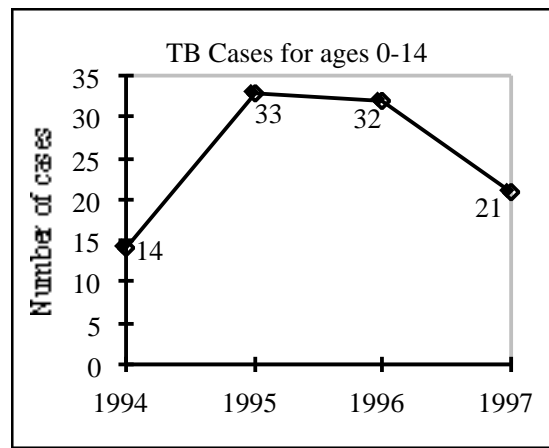
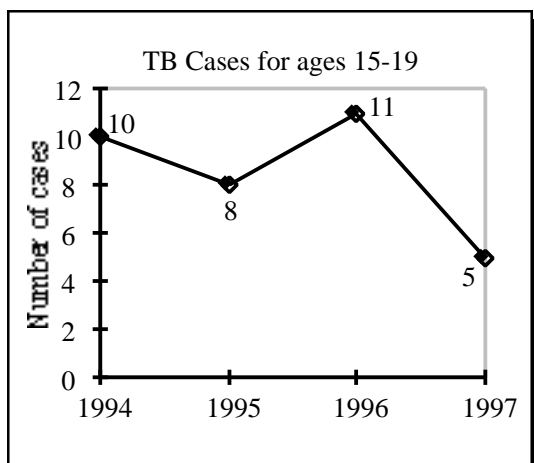
"Teens don't know the consequences of unsafe sex...because if they did they would think about their actions."

– Adolescent Focus Group Participant

Hepatitis B

Hepatitis B is a disease of the liver caused by a virus which can be spread through blood, sexual contact, and from a mother to her newborn baby. The hepatitis B virus causes an illness with symptoms of a loss of appetite, vomiting, abdominal pain, fever, headache, rash, joint pain, dark urine, jaundice, liver enlargement and fatigue. About 10% of people infected with the virus will become long-term carriers of the infection and can spread the disease to others for the rest of their lives. These carriers are also at high risk of developing liver cancer or liver failure.

Hepatitis B can be prevented by vaccination. The hepatitis B vaccine is now required for entry into the school system, and it is also recommended for all adolescents at high risk of infection. This includes adolescents who are developmentally disabled, on dialysis for kidney failure, are sexually active, use injectable drugs, or who are household contacts of hepatitis B carriers.⁶³



Tuberculosis

Tuberculosis (TB) is a disease caused by bacteria which are spread from person-to-person through the air when a person with active TB coughs. TB most commonly affects the lungs, but it can also cause disease of the lymph nodes, kidneys, bones, brain and other parts of the body. Individuals with active TB have a cough that gradually gets worse over weeks or months, fever, chest pain, weight loss, fatigue and night sweats. TB can be treated and cured. Treatment takes 6-12 months and requires several special antibiotics.

Overall, TB has decreased in Louisiana over the past year, but it has increased in children and adolescents. It is important for children and adolescents who have been exposed to an adult with active TB to be screened for infection and take preventive treatment if they have been infected. Preventive treatment decreases the chances that a person who has been infected with this bacteria will develop active tuberculosis. Certain groups are at high risk of TB infection, including individuals who are homeless, inject drugs, infected with HIV, or are close contacts of people with active tuberculosis.⁶⁴



Dental Disease

Dental Caries (cavities) or tooth decay is one of the most common diseases seen in children as well as adults. Cavities are caused by bacteria, which make acids that irreversibly destroy the hard surfaces of the tooth. Cavities do not heal themselves, do not respond to medicine, and can cause pain, bad breath, faulty chewing, improper digestion and tooth loss. People of all ages can be affected regardless of race, sex or socioeconomic status. In the United States, it is estimated that 84% of children and 96% of adults will have cavities sometime in their lifetime. Many adolescents with decayed or missing teeth suffer embarrassment and diminished self-esteem. In addition, it is very costly. An estimated 5% of personal health care costs are spent on dental services.

In 1996, the Oral Health Program at the Office of Public Health did a study to assess the oral health status of school-aged children including adolescents. A convenience sample consisting of eight schools with school-based health clinics participated. Seventy-one 15-year olds from four high schools were included in the study.

Of the 15-year olds examined, 75% had untreated dental caries. Only 10% were completely caries-free. In addition, there were a higher percentage of children with untreated caries in schools that did not have fluoridated water compared to children in schools with fluoridated water.

Findings from this study indicate that access to dental services is difficult for many families, and that access to effective preventive services also remains low.

Several effective measures do exist to prevent tooth decay. In addition to routine brushing and flossing, sealants and community water fluoridation can prevent this disease.

A dental sealant is a thin plastic coating placed atop the biting surfaces of teeth in the back of the mouth. The sealant drips into the grooves between teeth and a protective layer or barrier is formed.

Community Water Fluoridation

Community water fluoridation is, however, the most effective means of preventing tooth decay:

- *Fluoridation is effective*
Water fluoridation results in up to 60% less decay in baby teeth and up to 35% less decay in adult teeth.
- *Fluoridation is safe*
Over 50 years of research and practical experience have shown that there are no harmful effects to humans, animals or the environment from optimally fluoridated water systems.
- *Fluoridation is cost effective*
For every \$1 spent on fluoridation, \$50 in dental expense is saved.

In Louisiana, however, only 56% of residents currently benefit from fluoridated water systems.

Sport Injuries of the Mouth

Sport injuries are common in the teenage years but with the proper use of safety equipment, can be avoided. Mouth guards should be used in all team sports as well as wrestling. A mouth guard is a soft, horseshoe-shaped plastic that protects the teeth, lips, gums and cheeks from injuries. Mouth guards prevent an estimated 200,000 injuries a year. ⁶⁵

Utilization and Average Reimbursement for Medicaid EPSDT Eligible Children,
Louisiana July 1995 - July 1996

Age Group	Utilization rate	Average Cost per visit
0-1	0.01	\$50
1-2	0.13	101
2-3	0.30	160
3-4	0.51	157
4-5	0.55	135
5-6	0.51	139
6-7	0.54	143
7-8	0.54	146
8-9	0.53	140
9-10	0.52	124
10-11	0.51	110
11-12	0.47	111
12-13	0.44	132
13-14	0.42	148
14-15	0.40	158
15-16	0.42	166
16-17	0.41	177
17-18	0.40	178
18-19	0.39	191
19-20	0.39	202

Utilization rate = number of children who visited dentist / number eligible

Average cost per visit = total cost / number of children who visited dentist

⁶³ Office of TB Control, Office of Public Health.

⁶⁴ Office of TB Control, Office of Public Health.

⁶⁵ Sutherland, J. Louisiana Oral Health Program. Oral Health. 1997. <<http://www.tulane.edu/~oralhlth/oral.htm>> (May 24, 1997).

Appendix A



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Figure 1.1
Total Population for White Males in Louisiana, by Parish, Age 0 to 24 years old
1996 Estimates Using 1990 Census Figures

Parish	≤5	5 to 9	10 to 14	15 to 19	20 to 24	Parish	≤5	5 to 9	10 to 14	15 to 19	20 to 24
Total	96133	99402	107248	109050	98858	Madison	107	148	172	194	144
Acadia	1747	1843	1930	1771	1322	Morehouse	567	568	670	680	488
Allen	551	581	673	645	525	Natchitoches	673	714	811	1264	1027
Ascension	1903	2124	2254	2104	1612	Orleans	3570	3251	3220	4589	5770
Assumption	497	547	645	612	486	Ouachita	3035	3042	3625	3929	3835
Avoyelles	867	956	1088	1081	791	Plaquemines	681	754	802	712	660
Beauregard	944	968	1098	1072	869	Point Coupee	412	530	494	467	371
Bienville	247	300	319	339	223	Rapides	2878	2997	3295	3152	2685
Bossier	2557	2547	2603	2604	2307	Red River	194	213	211	205	158
Caddo	4094	4104	4516	4563	3928	Richland	359	411	509	469	338
Calcasieu	4592	4916	5287	5105	4362	Sabine	601	612	692	641	497
Caldwell	289	272	359	349	210	St. Bernard	2184	2118	2464	2290	1977
Cameron	309	319	338	337	247	St. Charles	1434	1425	1417	1146	959
Catahoula	267	289	342	310	200	St. Helena	163	157	171	155	130
Claiborne	225	266	296	272	211	St. James	327	389	402	333	322
Concordia	404	455	525	480	342	St. John	1095	1187	1087	873	735
DeSoto	395	418	466	487	311	St. Landry	1689	1767	1899	1792	1235
E.Baton Rouge	7645	7679	7757	9372	10741	St. Martin	1114	1163	1281	1152	963
E.Carroll	96	82	103	111	81	St. Mary	1265	1388	1431	1450	1145
E.Feliciana	352	353	397	422	320	St. Tammany	5899	6224	6692	6011	3547
Evangeline	820	938	1082	987	647	Tangipahoa	2035	2279	2646	2808	2469
Franklin	419	485	561	563	407	Tensas	80	89	124	120	68
Grant	562	612	640	613	450	Terrebonne	3013	3087	3391	3000	2530
Iberia	1758	1868	2008	1891	1486	Union	418	472	581	532	412
Iberville	508	549	605	579	517	Vermilion	1483	1750	1856	1643	1197
Jackson	312	366	424	393	307	Vernon	1837	1324	1395	2146	4970
Jefferson	11166	11037	11988	12366	11428	Washington	800	1006	1154	1094	775
Jeff. Davis	883	947	1095	1015	697	Webster	807	880	1045	1002	695
Lafayette	5114	4984	4910	5121	4994	W.Baton Rouge	488	501	485	513	405
Lafourche	2627	2710	2962	2937	2912	W.Carroll	288	352	426	392	254
LaSalle	342	430	477	467	321	W.Feliciana	147	180	205	190	185
Lincoln	687	745	778	1451	1883	Winn	327	372	436	381	385
Livingston	2984	3362	3633	3306	2390						

Figure 1.2
Total Population for White Females in Louisiana, by Parish, Age 0 to 24 years old
1996 Estimates Using 1990 Census Figures

Parish	≤5	5 to 9	10 to 14	15 to 19	20 to 24	Parish	≤5	5 to 9	10 to 14	15 to 19	20 to 24
Total	91266	94790	101982	104961	97043	Madison	147	134	201	189	115
Acadia	1668	1803	2034	1892	1438	Morehouse	478	558	630	607	457
Allen	536	568	627	621	434	Natchitoches	568	636	759	1390	962
Ascension	1758	1928	2207	1918	1740	Orleans	3535	3029	2951	4709	5440
Assumption	508	498	647	540	503	Ouachita	2861	2977	3310	3913	3958
Avoyelles	831	961	1082	970	787	Plaquemines	665	700	697	641	583
Beauregard	930	906	1051	1017	755	Point Coupee	394	432	496	435	355
Bienville	263	285	292	297	227	Rapides	2825	2929	3124	3064	2765
Bossier	2477	2370	2498	2580	2280	Red River	174	203	183	188	151
Caddo	3918	3981	4347	4413	4062	Richland	348	402	476	492	317
Calcasieu	4408	4737	4985	4927	4291	Sabine	557	603	637	575	490
Caldwell	241	247	338	295	247	St. Bernard	2005	2102	2279	2283	2094
Cameron	321	340	359	286	245	St. Charles	1352	1334	1381	1078	975
Catahoula	249	278	353	263	219	St. Helena	149	146	157	151	148
Claiborne	218	264	284	241	155	St. James	341	357	388	352	334
Concordia	383	412	493	470	331	St. John	1111	1170	1026	868	749
DeSoto	398	417	440	432	317	St. Landry	1504	1729	1885	1702	1308
E.Baton Rouge	7217	7373	7609	9693	10936	St. Martin	1045	1077	1189	1111	1032
E.Carroll	80	90	114	93	64	St. Mary	1277	1330	1331	1282	1107
E.Feliciana	309	349	378	348	270	St. Tammany	5261	5823	6299	5541	3786
Evangeline	849	861	968	915	695	Tangipahoa	2012	2135	2388	2810	2398
Franklin	429	455	570	562	401	Tensas	99	94	111	95	69
Grant	518	547	615	620	452	Terrebonne	2736	3124	3279	2948	2705
Iberia	1770	1771	1850	1803	1582	Union	425	471	544	530	363
Iberville	485	499	562	526	505	Vermilion	1408	1571	1695	1509	1268
Jackson	294	340	425	362	296	Vernon	1724	1312	1301	1461	2081
Jefferson	10503	10521	11462	11981	12239	Washington	820	921	1050	1048	738
Jeff. Davis	847	929	1058	988	694	Webster	781	886	943	943	698
Lafayette	4945	4875	4843	4834	5243	W.Baton Rouge	408	457	447	428	469
Lafourche	2453	2578	2803	2866	2985	W.Carroll	276	353	384	370	219
LaSalle	348	422	488	435	323	W.Feliciana	156	182	192	171	91
Lincoln	623	669	717	1329	1306	Winn	309	326	381	380	286
Livingston	2738	3013	3369	3180	2510						

Figure 1.3
Total Population for Black Males in Louisiana, by Parish, Age 0 to 24 years old 1996
Estimates Using 1990 Census Figures

Parish	≤5	5 to 9	10 to 14	15 to 19	20 to 24	Parish	≤5	5 to 9	10 to 14	15 to 19	20 to 24
Total	67380	66856	69412	70509	55337	Madison	431	375	498	485	321
Acadia	615	616	646	551	371	Morehouse	657	754	782	736	484
Allen	214	199	251	251	306	Natchitoches	755	813	782	818	618
Ascension	885	871	889	920	612	Orleans	13826	13292	14019	15000	11337
Assumption	359	397	417	366	286	Ouachita	2648	2382	2658	2877	1931
Avoyelles	556	615	538	559	589	Plaquemines	306	311	348	341	274
Beauregard	219	223	256	257	305	Point Coupee	449	495	489	487	338
Bienvenue	348	351	334	321	257	Rapides	1694	1916	1961	1780	1400
Bossier	1034	1071	975	1011	757	Red River	195	231	201	184	120
Caddo	5075	5040	5352	5185	3451	Richland	421	429	471	409	256
Calcasieu	2074	2151	2237	2240	1486	Sabine	238	260	250	218	132
Caldwell	89	80	100	106	66	St. Bernard	143	137	167	170	124
Cameron	21	27	19	26	19	St. Charles	625	611	632	582	420
Catahoula	148	164	159	159	107	St. Helena	256	250	272	263	187
Claiborne	313	317	337	367	493	St. James	527	541	537	510	446
Concordia	338	385	456	382	268	St. John	891	874	900	730	535
DeSoto	495	465	537	518	387	St. Landry	1761	1843	1878	1725	1237
E.Baton Rouge	7070	6866	6832	7897	6526	St. Martin	877	855	803	800	553
E.Carroll	336	329	388	334	219	St. Mary	986	983	1086	1017	686
E.Feliciana	445	477	490	484	550	St. Tammany	1058	1037	1183	995	668
Evangeline	554	469	496	512	377	Tangipahoa	1458	1544	1718	1504	1096
Franklin	380	381	441	436	256	Tensas	182	183	196	186	111
Grant	126	141	152	114	88	Terrebonne	978	965	947	928	674
Iberia	1210	1157	1304	1102	787	Union	334	320	332	286	235
Iberville	718	700	668	725	625	Vermilion	443	414	402	332	278
Jackson	190	230	254	244	122	Vernon	814	568	437	584	1708
Jefferson	4341	4455	4524	4495	3203	Washington	594	642	729	680	515
Jeff. Davis	319	341	363	297	201	Webster	618	618	712	619	487
Lafayette	2226	2187	2149	2194	2007	W.Baton Rouge	356	350	364	368	290
Lafourche	677	681	620	648	491	W.Carroll	137	112	102	100	85
LaSalle	69	56	77	75	42	W.Feliciana	203	192	181	204	424
Lincoln	629	634	597	1306	1564	Winn	201	234	243	258	401
Livingston	245	249	274	251	148						

Figure 1.4
Total Population for Black Females in Louisiana, by Parish, Age 0 to 24 years old
1996 Estimates Using 1990 Census Figures

Parish	≤5	5 to 9	10 to 14	15 to 19	20 to 24	Parish	≤5	5 to 9	10 to 14	15 to 19	20 to 24
Total	66262	64988	68074	70723	59398	Madison	367	404	441	442	279
Acadia	569	587	605	518	454	Morehouse	639	658	811	774	554
Allen	216	201	215	240	183	Natchitoches	780	770	761	825	691
Ascension	869	862	918	861	717	Orleans	13822	12922	13927	15707	12905
Assumption	349	409	434	384	333	Ouachita	2632	2515	2556	2766	2307
Avoyelles	587	586	526	537	431	Plaquemines	300	303	343	304	271
Beauregard	199	219	197	228	158	Point Coupee	421	475	533	469	382
Bienville	324	342	297	311	278	Rapides	1720	1817	1971	1831	1451
Bossier	1111	960	1037	984	853	Red River	212	221	211	180	163
Caddo	5022	4904	5157	5123	3870	Richland	382	428	487	392	300
Calcasieu	1958	2047	2172	2082	1589	Sabine	242	241	243	235	169
Caldwell	67	81	89	114	53	St. Bernard	178	159	149	181	166
Cameron	30	21	24	23	11	St. Charles	626	604	627	596	536
Catahoula	146	152	168	144	120	St. Helena	231	258	263	230	229
Claiborne	336	296	312	333	320	St. James	527	531	551	502	476
Concordia	365	399	453	387	292	St. John	762	906	835	784	579
DeSoto	483	517	521	479	398	St. Landry	1659	1695	1793	1731	1374
E.Baton Rouge	6676	6597	6701	7856	7294	St. Martin	837	859	781	771	714
E.Carroll	333	320	352	352	241	St. Mary	1022	1011	1037	902	791
E.Feliciana	453	442	422	431	335	St. Tammany	1031	1011	1137	1028	755
Evangeline	542	521	509	420	438	Tangipahoa	1449	1545	1643	1554	1190
Franklin	344	350	429	419	287	Tensas	168	211	212	204	106
Grant	149	143	132	122	112	Terrebonne	1006	955	970	1000	743
Iberia	1142	1140	1246	1017	949	Union	281	262	310	284	250
Iberville	740	731	632	670	648	Vermilion	434	420	393	328	316
Jackson	160	186	249	223	161	Vernon	716	523	367	443	814
Jefferson	4379	4213	4499	4303	3614	Washington	609	640	746	688	462
Jeff. Davis	316	325	347	312	215	Webster	644	585	645	689	496
Lafayette	2204	2099	2136	2446	2145	W.Baton Rouge	339	365	401	363	292
Lafourche	717	664	610	638	577	W.Carroll	110	108	115	102	105
LaSalle	68	69	61	73	53	W.Feliciana	181	176	196	170	187
Lincoln	604	556	637	1730	1845	Winn	249	208	255	235	169
Livingston	228	263	277	253	202						

Figure 1.5
Total Population for Other Males in Louisiana, by Parish, Age 0 to 24 years old
1996 Estimates Using 1990 Census Figures

Parish	≤5	5 to 9	10 to 14	15 to 19	20 to 24	Parish	≤5	5 to 9	10 to 14	15 to 19	20 to 24
Total	3438	3186	3546	3490	3236	Madison	2	1	0	1	1
Acadia	7	4	6	7	2	Morehouse	0	2	5	2	3
Allen	8	8	19	16	12	Natchitoches	9	14	15	48	17
Ascension	18	14	12	24	9	Orleans	688	563	618	551	502
Assumption	6	9	8	10	3	Ouachita	36	29	51	66	109
Avoyelles	11	8	6	8	5	Plaquemines	58	57	82	64	39
Beauregard	7	10	14	10	17	Point Coupee	0	1	6	4	2
Bienville	1	1	0	0	2	Rapides	66	62	93	62	46
Bossier	46	49	57	69	57	Red River	1	1	0	1	1
Caddo	69	56	59	83	80	Richland	1	1	0	1	2
Calcasieu	51	35	48	56	38	Sabine	27	31	41	31	20
Caldwell	1	1	1	1	2	St. Bernard	58	41	56	49	37
Cameron	4	2	2	1	1	St. Charles	14	24	23	15	3
Catahoula	0	0	1	1	2	St. Helena	0	1	0	3	0
Claiborne	1	2	2	1	2	St. James	0	2	1	1	0
Concordia	1	2	2	0	3	St. John	24	16	8	12	4
DeSoto	1	1	2	6	3	St. Landry	15	16	21	11	3
E.Baton Rouge	342	272	312	410	598	St. Martin	22	39	48	22	19
E.Carroll	2	0	3	1	0	St. Mary	154	145	117	94	69
E.Feliciana	2	1	4	2	2	St. Tammany	94	87	81	63	50
Evangeline	3	4	1	3	0	Tangipahoa	33	28	18	21	24
Franklin	6	1	5	0	1	Tensas	1	0	1	2	1
Grant	3	6	6	8	4	Terrebonne	312	356	362	339	202
Iberia	73	89	75	72	36	Union	1	0	2	0	1
Iberville	2	4	5	3	4	Vermilion	62	69	75	68	28
Jackson	2	0	0	4	3	Vernon	101	71	61	109	227
Jefferson	675	651	763	699	447	Washington	5	9	3	6	5
Jeff. Davis	6	6	11	10	3	Webster	2	2	5	1	1
Lafayette	108	76	91	103	287	W.Baton Rouge	2	3	3	4	3
Lafourche	148	170	201	176	103	W.Carroll	0	0	3	4	0
LaSalle	5	11	9	9	2	W.Feliciana	1	0	1	1	3
Lincoln	21	11	10	30	70	Winn	3	2	3	4	3
Livingston	16	9	8	7	13						

Figure 1.6
Total Population for Other Females in Louisiana, by Parish, Age 0 to 24 years old
1996 Estimates Using 1990 Census Figures

Parish	≤5	5 to 9	10 to 14	15 to 19	20 to 24	Parish	≤5	5 to 9	10 to 14	15 to 19	20 to 24
Total	3282	2967	3368	3467	3322	Madison	0	1	0	1	1
Acadia	5	6	12	6	4	Morehouse	4	3	3	6	6
Allen	8	13	14	21	10	Natchitoches	11	7	14	43	22
Ascension	16	10	17	24	19	Orleans	648	549	551	610	639
Assumption	8	13	10	6	5	Ouachita	36	38	46	51	111
Avoyelles	5	6	1	7	3	Plaquemines	65	42	65	55	49
Beauregard	11	13	15	22	11	Point Coupee	0	3	3	1	0
Bienville	0	1	0	3	3	Rapides	79	42	61	70	79
Bossier	59	60	61	82	82	Red River	1	0	0	1	3
Caddo	63	58	78	89	95	Richland	0	1	2	1	1
Calcasieu	47	37	52	65	55	Sabine	22	30	39	31	16
Caldwell	1	0	1	1	0	St. Bernard	40	42	60	56	46
Cameron	0	2	1	3	0	St. Charles	25	16	16	12	7
Catahoula	1	1	0	1	0	St. Helena	0	0	1	2	0
Claiborne	1	3	0	0	0	St. James	1	0	2	1	0
Concordia	4	3	3	3	2	St. John	18	21	16	4	8
DeSoto	1	4	3	1	2	St. Landry	9	15	17	14	6
E.Baton Rouge	251	230	265	348	463	St. Martin	26	28	33	32	19
E.Carroll	3	1	2	0	0	St. Mary	138	134	119	89	65
E.Feliciana	4	0	1	2	2	St. Tammany	93	65	74	75	43
Evangeline	3	7	7	2	3	Tangipahoa	17	21	22	26	16
Franklin	4	2	5	2	0	Tensas	1	0	0	1	0
Grant	3	9	8	13	8	Terrebonne	316	340	390	342	253
Iberia	70	71	87	67	46	Union	1	2	0	1	2
Iberville	1	5	1	1	2	Vermilion	59	61	55	50	34
Jackson	1	3	1	2	2	Vernon	122	76	77	71	140
Jefferson	700	582	691	708	570	Washington	6	5	2	5	0
Jeff. Davis	9	2	6	1	7	Webster	4	2	6	6	7
Lafayette	81	89	100	91	151	W.Baton Rouge	3	4	4	1	2
Lafourche	143	158	210	179	127	W.Carroll	3	0	0	0	1
LaSalle	6	7	7	7	6	W.Feliciana	3	3	0	2	1
Lincoln	8	12	7	17	51	Winn	3	2	6	6	0
Livingston	11	6	18	27	16						





Figure 2.1
The Number of People Receiving TANF (Temporary Assistance to Needy Families),
Age 21 and Younger. Data for end of the 1997 Fiscal Year

<u>Parish</u>	<u>White Male</u>	<u>White Female</u>	<u>Black Male</u>	<u>Black Female</u>	<u>Other Male</u>	<u>Other Female</u>	<u>TOTAL</u>
Total	6100	6858	41916	49171	761	835	105641
Acadia	158	149	365	422	4	6	1104
Allen	63	61	83	109	4	2	322
Ascension	86	67	425	500	8	12	1098
Assumption	24	34	193	241	0	0	492
Avoyelles	119	143	368	381	6	4	1021
Beauregard	92	92	113	104	2	4	407
Bienville	30	36	214	241	0	2	523
Bossier	120	122	336	419	3	5	1005
Caddo	194	225	2683	3064	19	17	6202
Calcasieu	237	281	690	788	9	7	2012
Caldwell	37	60	47	60	2	3	209
Cameron	3	8	4	5	0	0	20
Catahoula	21	34	100	124	0	0	279
Claiborne	24	9	228	249	0	3	513
Concordia	35	34	281	394	1	1	746
DeSoto	35	42	307	391	0	0	775
East Baton Rouge	217	211	3859	4280	37	58	8662
East Carroll	12	13	368	453	1	0	847
East Feliciana	25	26	163	159	0	0	373
Evangeline	123	129	522	615	4	2	1395
Franklin	34	28	247	275	8	5	597
Grant	88	88	72	101	1	0	350
Iberia	117	155	679	840	37	49	1877
Iberville	50	58	376	461	7	6	958
Jackson	18	40	121	137	0	0	316
Jefferson - East Bank	209	232	543	640	38	38	1700
Jefferson - West Bank	518	577	2235	2584	114	117	6145
Jefferson Davis	51	63	66	98	5	4	287
Lafayette	160	182	679	799	16	15	1851
Lafourche	187	199	493	552	27	17	1475
LaSalle	42	51	23	32	3	1	152
Lincoln	41	47	413	460	2	3	966



<u>Parish</u>	<u>White Male</u>	<u>White Female</u>	<u>Black Male</u>	<u>Black Female</u>	<u>Other Male</u>	<u>Other Female</u>	<u>TOTAL</u>
Livingston	144	130	80	94	3	3	454
Madison	6	13	296	366	5	1	687
Morehouse	39	53	353	422	0	1	868
Natchitoches	78	81	410	482	3	4	1058
Orleans - Algiers	46	59	1527	1830	32	44	3538
Orleans - Downtown	30	33	2388	2810	23	16	5300
Orleans - Gentilly	50	51	2229	2656	89	98	5173
Orleans - Midtown	67	69	3269	3869	38	39	7351
Orleans - Uptown	21	48	3772	4662	11	15	8529
Ouachita	151	193	1705	1958	5	1	4013
Plaquemines	66	85	190	208	44	43	636
Pointe Coupe	37	41	250	346	3	5	682
Rapides	202	213	1072	1309	12	7	2815
Red River	16	23	110	130	0	0	279
Richland	62	72	335	358	1	1	829
Sabine	64	53	154	166	5	2	444
St. Bernard	219	225	81	106	14	17	662
St. Charles	62	53	224	296	3	3	641
St. Helena	16	14	92	110	0	0	232
St. James	17	16	234	269	1	0	537
St. John	14	28	348	393	0	0	783
St. Landry	188	254	1362	1526	24	27	3381
St. Martin	62	79	286	369	11	9	816
St. Mary	124	147	522	637	12	20	1462
St. Tammany	177	192	235	285	5	2	896
Tangipahoa	198	233	1013	1110	9	9	2572
Tensas	7	7	109	167	0	0	290
Terrebonne	216	265	474	550	36	60	1601
Union	38	21	105	107	0	1	272
Vermilion	92	139	249	294	5	13	792
Vernon	130	89	105	81	3	1	409
Washington	116	173	350	446	2	3	1090
Webster	53	72	270	315	0	2	712
West Baton Rouge	36	32	143	144	0	0	355
West Carroll	40	46	63	64	0	1	214
West Feliciana	4	12	56	70	3	6	151
Winn	42	48	159	188	1	0	438

Figure 2.2
Number of Children in Foster Care, By Race
Fiscal Year 1996

Parish	White	African American	Total (all races)	Parish	White	African American	Total (all races)
Total	1,846	3,921	5,895	Madison	3	36	39
Acadia	45	21	66	Morehouse	9	24	33
Allen	20	44	64	Natchitoches	26	65	94
Ascension	21	27	49	Orleans	165	1,089	1,279
Assumption	6	30	37	Ouachita	37	160	207
Avoyelles	21	28	51	Plaquemines	10	11	21
Beauregard	22	5	27	Pointe Coupee	10	10	20
Bienville	5	21	27	Rapides	72	196	270
Bossier	23	81	105	Red River	3	12	15
Caddo	69	211	287	Richland	2	20	22
Calcasieu	53	45	99	Sabine	30	4	35
Caldwell	6	2	8	St. Bernard	33	14	49
Cameron	4	0	4	St. Charles	12	32	44
Catahoula	10	6	17	St. Helena	30	0	30
Claiborne	0	14	14	St. James	2	37	39
Concordia	5	27	32	St. John	25	41	67
DeSoto	14	35	50	St. Landry	44	103	153
East Baton Rouge	88	316	413	St. Martin	24	46	70
East Carroll	0	30	30	St. Mary	21	27	48
East Feliciana	12	37	51	St. Tammany	143	56	202
Evangeline	31	14	45	Tangipahoa	29	45	83
Franklin	6	25	32	Tensas	1	9	10
Grant	7	10	17	Terrebonne	123	78	206
Iberia	22	37	60	Union	9	13	22
Iberville	1	47	48	Vermilion	22	15	37
Jackson	6	4	11	Vernon	61	30	94
Jefferson	112	310	434	Washington	58	70	129
Jefferson Davis	16	9	26	Webster	42	36	83
Lafayette	51	72	126	West Baton Rouge	1	10	11
Lafourche	27	42	72	West Carroll	7	11	18
LaSalle	25	1	26	West Feliciana	1	6	7
Lincoln	24	40	65	Winn	5	8	13
Livingston	34	16	52				

Figure 2.3
Population Income Figures & Total Unemployment
Figures, By Parish, 1997

Parish	Median Family Income	% Unemployed	Number Unemployed	Parish	Median Family Income	% Unemployed	Number Unemployed
Total	*	6.8	135,000	Madison	\$21,000	12.4	680
Acadia	\$33,300	6.6	1,500	Morehouse	\$26,400	17	2,220
Allen	\$27,000	9.6	830	Natchitoches	\$25,800	8.8	1,520
Ascension	\$42,600	6.4	2,000	Orleans	\$38,300	6.9	13,900
Assumption	\$28,800	10.1	910	Ouachita	\$33,700	7.1	4,900
Avoyelles	\$23,000	11.1	1,760	Plaquemines	\$38,300	6.7	700
Beauregard	\$33,600	8	990	Pointe Coupee	\$27,200	9.7	880
Bienville	\$28,500	21.1	1,330	Rapides	\$33,000	7.2	4,300
Bossier	\$36,000	7.1	3,200	Red River	\$25,800	12.2	360
Caddo	\$36,000	6.8	8,200	Richland	\$24,600	14.1	1,150
Calcasieu	\$38,400	7	6,200	Sabine	\$26,100	7.3	680
Caldwell	\$24,600	13.6	630	St. Bernard	\$38,300	6.1	1,900
Cameron	\$36,300	6.4	220	St. Charles	\$38,300	6.6	1,400
Catahoula	\$24,000	14.2	700	St. Helena	\$25,400	8.1	330
Claiborne	\$26,500	11.1	650	St. James	\$34,000	11.8	1,100
Concordia	\$27,200	16.6	1,430	St. John	\$38,300	8.6	1,600
DeSoto	\$26,400	10.2	1,100	St. Landry	\$33,300	9	2,900
East Baton Rouge	\$42,600	5	10,400	St. Martin	\$33,300	6.9	1,400
East Carroll	\$15,200	18	540	St. Mary	\$29,800	8.9	2,060
East Feliciana	\$29,400	6.9	520	St. Tammany	\$38,300	4.6	3,700
Evangeline	\$23,100	7.4	840	Tangipahoa	\$29,200	8.5	3,530
Franklin	\$23,100	13	1,280	Tensas	\$19,000	13.6	420
Grant	\$27,100	11.2	750	Terrebonne	\$32,000	4.7	2,100
Iberia	\$32,900	6.1	1,880	Union	\$28,100	6.7	730
Iberville	\$32,300	9.1	1,110	Vermilion	\$28,700	6.4	1,440
Jackson	\$27,900	8.3	560	Vernon	\$28,200	7.8	1,370
Jefferson	\$38,300	4.9	11,300	Washington	\$26,600	8.3	1,340
Jefferson Davis	\$26,800	8	930	Webster	\$36,000	11.6	2,200
Lafayette	\$33,300	4.5	4,100	West Baton Rouge	\$42,600	6.3	600
Lafourche	\$32,000	4.6	1,800	West Carroll	\$24,800	14.6	700
LaSalle	\$29,900	10.4	620	West Feliciana	\$27,400	8	320
Lincoln	\$35,300	4	740	Winn	\$29,200	8.8	580
Livingston	\$42,600	7.2	2,800				



Figure 2.4
Employment Status Characteristics for 1990 Census
Data, By Parish

	Total Labor Force	Armed Forces	Civilian Employed	Civilian Unemployed		Total Labor Force	Armed Forces	Civilian Employed	Civilian Unemployed
<u>Louisiana</u>					<u>Parish</u>				
Total	101,886	2,512	73,067	26,307	DeSoto				
Male	54,108	2,156	38,17	13,782	total	496	7	340	149
Female	47,778	356	34,897	12,525	male	291	7	218	66
<u>Parish</u>					female	205	*	122	83
Acadia					E, Baton Rouge				
total	1,110	*	789	321	total	11,867	74	9,232	2,561
male	606	*	431	175	male	5,939	49	4,545	1,345
female	504	*	358	146	female	5,928	25	4,687	1,216
Allen					E, Carroll				
total	345	2	243	100	total	168	*	57	111
male	179	2	130	47	male	90	*	48	42
female	166	*	113	53	female	78	*	9	69
Ascension					E, Feliciana				
total	1,530	*	1,270	260	total	221	9	154	58
male	865	*	738	127	male	121	8	83	30
female	665	*	532	133	female	100	1	71	28
Assumption					Evangeline				
total	461	2	321	138	total	617	4	442	171
male	291	*	200	91	male	401	*	291	110
female	170	2	121	47	female	216	4	151	61
Avoyelles					Franklin				
total	784	9	511	264	total	415	*	308	107
male	422	9	291	122	male	252	*	189	63
female	362	*	220	142	female	163	*	119	44
Beauregard					Grant				
total	661	20	339	302	total	303	*	239	64
male	378	20	199	159	male	209	*	179	30
female	283	*	140	143	female	94	*	60	34
Bienville					Iberia				
total	249	*	133	116	total	1,583	14	1,083	486
male	115	*	74	41	male	902	14	619	269
female	134	*	59	75	female	681	*	464	217
Bossier					Iberville				
total	2,413	208	1,671	534	total	608	4	389	215
male	1,303	137	856	310	male	327	4	239	84
female	1,110	71	815	224	female	281	*	150	131
Caddo					Jackson				
total	5,682	59	3,688	1,935	total	273	*	195	78
male	2,843	42	1,706	1,095	male	150	*	119	31
female	2,839	17	1,982	840	female	123	*	76	47
Calcasieu					Jefferson				
total	4,238	12	3,142	1,084	total	11,366	77	9,144	2,145
male	2,290	12	1,766	512	male	5,974	69	4,804	1,101
female	1,948	*	1,376	572	female	5,392	8	4,34	1,044
Caldwell					Jefferson Davis				
total	211	*	144	67	total	662	*	502	160
male	126	*	88	38	male	378	*	290	88
female	85	*	56	29	female	284	*	212	72
Cameron					Lafayette				
total	189	*	125	64	total	4,619	33	3,596	990
male	130	*	91	39	male	2,459	33	1,903	523
female	59	*	34	25	female	2,160	*	1,693	467
Catahoula					Lafourche				
total	154	*	106	48	total	2,189	5	1,677	507
male	108	*	80	28	male	1,189	*	958	231
female	46	*	26	20	female	1,000	5	995	276
Claiborne					LaSalle				
total	225	*	189	36	total	294	*	217	77
male	152	*	124	28	male	120	*	120	29
female	73	*	65	8	female	174	*	174	48
Concordia					Lincoln				
total	344	10	246	88	total	1,743	16	1,253	474
male	152	*	104	48	male	873	16	609	248
female	192	10	142	40	female	870	*	644	226



<u>Parish</u>	<u>Total Labor Force</u>	<u>Armed Forces</u>	<u>Civilian Employed</u>	<u>Civilian Unemployed</u>
Livingston				
total	2,29	35	1,844	411
male	1,301	29	1,023	249
female	989	6	821	162
Madison				
total	193	*	103	90
male	100	*	50	50
female	93	*	53	40
Morehouse				
total	486	*	313	173
male	300	*	191	109
female	186	*	122	64
Natchitoches				
total	3,364	*	979	418
male	1,569	*	457	181
female	1,795	*	522	237
Orleans				
total	9,990	116	6,558	3,316
male	4,967	105	3,117	1,745
female	5,023	11	3,441	1,571
Ouachita				
total	4,015	17	2,939	1,059
male	2,013	17	1,426	570
female	2,002	*	1,513	489
Plaquemines				
total	526	19	332	175
male	268	8	160	100
female	258	11	172	75
Pointe Coupee				
total	328	*	236	92
male	200	*	159	41
female	128	*	77	51
Rapides				
total	2,967	124	2,146	697
male	1,578	69	1,088	421
female	1,389	55	1,058	276
Red River				
total	156	*	108	48
male	87	*	72	15
female	69	*	36	33
Richland				
total	287	*	180	107
male	153	*	108	45
female	134	*	72	62
Sabine				
total	404	*	254	150
male	216	*	122	94
female	188	*	132	56
St, Bernard				
total	1,775	13	1,243	519
male	909	13	583	313
female	866	*	660	206
St, Charles				
total	675	8	507	160
male	354	8	273	73
female	321	*	234	87
St, Helena				
total	201	*	96	105
male	85	*	50	35
female	116	*	46	70
St, James				
total	464	*	366	98
male	218	*	185	33
female	246	*	181	65
St, John				
total	836	*	638	198
male	447	*	361	86
female	389	*	277	112

<u>Parish</u>	<u>Total Labor Force</u>	<u>Armed Forces</u>	<u>Civilian Employed</u>	<u>Civilian Unemployed</u>
St, Landry				
total	1,440	9	880	551
male	730	9	487	234
female	710	*	393	317
St, Martin				
total	1,007	18	756	233
male	534	18	366	150
female	473	*	390	83
St, Mary				
total	1,406	22	1,005	379
male	835	22	567	246
female	571	*	438	133
St, Tammany				
total	3,807	6	3,124	677
male	1,814	6	1,468	340
female	1,993	*	1,656	337
Tangipahoa				
total	2,215	15	1,562	638
male	1,180	8	838	334
female	1,035	7	724	304
Tensas				
total	86	*	39	47
male	67	*	33	34
female	19	*	6	13
Terrebonne				
total	2,370	13	1,788	569
male	1,267	13	994	260
female	1,103	*	794	309
Union				
total	379	*	275	104
male	203	*	148	55
female	176	*	127	49
Vermilion				
total	1,002	8	749	245
male	592	8	449	135
female	410	*	300	110
Vernon				
total	2,541	1,486	635	420
male	1,911	1,37	365	176
female	630	116	270	244
Washington				
total	766	36	469	261
male	435	29	249	157
female	331	7	220	104
Webster				
total	682	*	370	312
male	331	*	181	150
female	351	*	189	162
W, Baton Rouge				
total	606	*	499	107
male	371	*	230	51
female	235	*	179	56
W, Carroll				
total	228	*	172	56
male	139	*	101	38
female	89	*	71	18
W, Feliciana				
total	99	2	58	39
male	81	2	44	35
female	18	*	14	4
Winn				
total	242	*	99	143
male	149	*	72	77
female	93	*	27	66

* figures not given

Figure 3.1
Two-Year Comparison of General Education Student Count

<u>School System</u>	1995			1996		
	<u>Public</u>	<u>Non-Public</u>	<u>Total</u>	<u>Public</u>	<u>Non-Public</u>	<u>Total</u>
Total	795,905	136,145	932,050	792,315	131,681	923,996
Acadia	10,949	2,042	12,991	10,960	1,101	12,061
Allen	4,611	0	4,611	4,645	0	4,645
Ascension	14,393	1,189	15,582	14,821	1,158	15,979
Assumption	4,994	361	5,355	4,900	402	5,302
Avoyelles	7,671	1,211	8,882	7,728	1,210	8,938
Beauregard	6,545	0	6,545	6,443	0	6,443
Bienville	3,081	0	3,081	3,073	0	3,073
Bossier	23,049	202	23,251	23,542	187	23,729
Caddo	49,477	4,191	53,668	49,577	3,939	53,516
Calcasieu	34,225	3,303	37,528	34,043	3,335	37,378
Caldwell	2,128	0	2,128	2,093	0	2,093
Cameron	2,141	0	2,141	2,181	0	2,181
Catahoula	2,327	0	2,327	2,279	0	2,279
Claiborne	3,124	644	3,768	3,051	781	3,832
Concordia	4,435	294	4,729	4,414	273	4,687
DeSoto	5,433	181	5,614	5,344	190	5,534
East Baton Rouge	59,016	20,283	79,299	57,785	20,360	78,145
East Carroll	2,058	271	2,329	2,032	241	2,273
East Feliciana	3,089	568	3,657	3,012	657	3,669
Evangeline	7,118	813	7,931	7,074	822	7,896
Franklin	4,685	219	4,904	4,575	267	4,842
Grant	3,697	0	3,697	3,760	0	3,760
Iberia	15,761	1,948	17,709	15,543	1,964	17,507
Iberville	5,456	814	6,270	5,394	851	6,245
Jackson	2,946	0	2,946	2,927	0	2,927
Jefferson	55,919	27,273	83,192	55,137	27,073	82,210
Jefferson Davis	6,710	280	6,990	6,453	302	6,755
Lafayette	31,273	5,940	37,213	31,138	4,863	36,001
Lafourche	16,397	2,937	19,334	16,406	2,612	19,018
LaSalle	2,952	0	2,952	2,899	0	2,899
Lincoln	7,188	756	7,944	7,060	800	7,860
Livingston	18,287	104	18,391	18,496	104	18,600



<u>School System</u>	1995			1996		
	<u>Public</u>	<u>Non-Public</u>	<u>Total</u>	<u>Public</u>	<u>Non-Public</u>	<u>Total</u>
Madison	3,330	368	3,698	3,360	350	3,710
Morehouse	6,029	816	6,845	5,795	847	6,642
Natchitoches	7,552	407	7,959	7,475	456	7,931
Orleans	84,516	25,482	109,998	84,416	23,604	108,020
Ouachita	18,097	2,566	20,663	17,814	2,992	20,806
Plaquemines	5,286	410	5,696	5,640	422	6,062
Pointe Coupee	3,656	1,610	5,266	3,629	1,619	5,248
Rapides	24,811	2,010	26,821	24,379	1,986	26,365
Red River	2,085	243	2,328	2,159	241	2,400
Richland	4,314	458	4,772	4,233	563	4,796
Sabine	4,854	0	4,854	4,780	0	4,780
St. Bernard	9,566	3,351	12,917	9,295	3,547	12,842
St. Charles	9,965	750	10,715	10,239	824	11,063
St. Helena	1,693	0	1,693	1,639	0	1,639
St. James	4,502	444	4,946	4,503	445	4,948
St. John	7,258	2,959	10,217	7,220	2,951	10,171
St. Landry	17,196	2,793	19,989	17,002	2,771	19,773
St. Martin	9,279	1,188	10,467	9,118	1,213	10,331
St. Mary	11,869	1,347	13,216	11,792	1,351	13,143
St. Tammany	32,086	5,172	37,258	32,677	5,393	38,070
Tangipahoa	18,229	2,449	20,678	18,609	1,709	20,318
Tensas	1,566	221	1,787	1,461	0	1,461
Terrebonne	21,016	2,782	23,798	20,880	2,822	23,702
Union	4,052	0	4,052	3,965	0	3,965
Vermilion	9,780	947	10,727	9,812	949	10,761
Vernon	11,369	0	11,369	10,877	0	10,877
Washington	5,089	418	5,507	5,018	0	5,018
Webster	8,418	354	8,772	8,392	373	8,765
West Baton Rouge	4,056	508	4,564	4,024	491	4,515
West Carroll	2,758	0	2,758	2,805	0	2,805
West Feliciana	2,345	0	2,345	2,358	0	2,358
Winn	3,322	0	3,322	3,349	0	3,349
Monroe City	11,254	0	11,254	11,250	270	11,520
Bogalusa City	3,572	268	3,840	3,565	0	3,565

Public Count Based on October 1 SIS Total Student Membership

Non-Public Count taken from Nonpublic Annual School Report, Office of Academic Programs

Figure 3.2
Number of Public Education Students, By Ethnic Group
1996-1997

<u>School System</u>	<u>Indian</u>	<u>Asian</u>	<u>Black</u>	<u>Hispanic</u>	<u>White</u>	<u>TOTAL</u>
Total	4,470	10,181	365,773	9,357	402,534	792,315
Acadia	6	15	3,108	31	7,800	10,960
Allen	19	10	1,133	36	3,447	4,645
Ascension	17	54	4,537	168	10,045	14,821
Assumption	5	32	2,173	15	2,675	4,900
Avoyelles	20	11	3,122	35	4,540	7,728
Beauregard	13	20	1,088	49	5,273	6,443
Bienville	1	0	1,922	1	1,149	3,073
Bossier	49	275	6,340	410	16,468	23,542
Caddo	39	254	30,172	254	18,858	49,577
Calcasieu	45	179	10,643	141	23,035	34,043
Caldwell	1	7	416	32	1,637	2,093
Cameron	3	3	111	23	2,041	2,181
Catahoula	1	0	853	18	1,407	2,279
Claiborne	4	8	1,980	3	1,056	3,051
Concordia	0	0	2,236	3	2,175	4,414
DeSoto	3	5	2,953	41	2,342	5,344
East Baton Rouge	28	1,275	36,375	262	19,845	57,785
East Carroll	0	0	1,833	3	196	2,032
East Feliciana	1	2	2,309	2	698	3,012
Evangeline	7	5	2,764	10	4,288	7,074
Franklin	1	3	2,078	10	2,483	4,575
Grant	14	1	657	7	3,081	3,760
Iberia	22	495	6,194	75	8,757	15,543
Iberville	0	9	3,894	9	1,482	5,394
Jackson	0	0	1,052	2	1,873	2,927
Jefferson	275	2,290	23,600	3,616	25,356	55,137
Jefferson Davis	82	8	1,561	23	4,779	6,453
Lafayette	44	326	10,681	233	19,854	31,138
Lafourche	562	193	3,505	107	12,039	16,406
LaSalle	32	10	358	6	2,493	2,899
Lincoln	4	57	3,426	28	3,545	7,060



<u>School System</u>	American					TOTAL
	<u>Indian</u>	<u>Asian</u>	<u>Black</u>	<u>Hispanic</u>	<u>White</u>	
Livingston	11	35	1,148	62	17,240	18,496
Madison	1	4	2,808	33	514	3,360
Morehouse	0	6	3,804	23	1,962	5,795
Natchitoches	19	27	4,080	53	3,296	7,475
Orleans	26	2,096	76,511	1,105	4,678	84,416
Ouachita	5	101	4,233	76	13,399	17,814
Plaquemines	65	238	1,891	35	3,411	5,640
Pointe Coupee	4	1	2,457	7	1,160	3,629
Rapides	313	255	9,985	96	13,730	24,379
Red River	6	1	1,251	2	899	2,159
Richland	0	2	2,416	27	1,788	4,233
Sabine	708	3	1,322	292	2,455	4,780
St. Bernard	93	175	1,062	301	7,664	9,295
St. Charles	16	51	3,474	156	6,542	10,239
St. Helena	0	6	1,500	1	132	1,639
St. James	0	0	3,132	12	1,359	4,503
St. John	15	16	4,986	126	2,077	7,220
St. Landry	12	26	9,276	32	7,656	17,002
St. Martin	5	101	4,151	10	4,851	9,118
St. Mary	117	335	5,403	109	5,828	11,792
St. Tammany	44	218	4,821	262	27,332	32,677
Tangipahoa	7	82	8,278	119	10,123	18,609
Tensas	0	1	1,126	28	306	1,461
Terrebonne	1,630	249	5,358	125	13,518	20,880
Union	2	4	1,636	49	2,274	3,965
Vermilion	6	297	2,058	24	7,427	9,812
Vernon	51	230	2,476	421	7,699	10,877
Washington	1	0	2,028	18	2,971	5,018
Webster	6	11	3,575	25	4,775	8,392
West Baton Rouge	1	8	1,913	20	2,082	4,024
West Carroll	2	0	619	14	2,170	2,805
West Feliciana	0	4	1,090	3	1,261	2,358
Winn	2	5	1,222	15	2,105	3,349
Monroe City	1	33	9,941	20	1,255	11,250
Bogalusa City	3	13	1,668	3	1,878	3,565

Figure 3.3
Number of Registered Students in Non-Public Schools, By Race and Gender
1995-1996 School Year

Parish	Females			Males			Total		Black		Hispanic		White		Other		Sum	
	Black	Hispanic	White	Other	Total	Female	Male	Total	Black	Hispanic	White	Other	Total	Black	Hispanic	White	Other	Total
Total	9,219	1,054	55,272	940	66,485	66,485	66,902	133,387	8,783	918	56,194	1,007	66,902	18,002	1,972	111,466	1,947	133,387
Acadia	28	0	982	2	1,012	1,012	1,025	2,037	25	2	998	0	1,025	53	2	1,980	2	2,037
Allen	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ascension	41	0	586	0	627	627	607	1,234	29	0	578	0	607	70	0	1,164	0	1,234
Assumption	33	0	152	0	185	185	173	358	32	0	141	0	173	65	0	293	0	358
Avoynes	84	0	592	1	677	677	553	1,230	64	0	489	0	553	148	0	1,081	1	1,230
Beauregard	0	0	1	0	1	1	1	2	0	0	1	0	1	0	0	2	0	2
Bienvenue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bossier	20	4	179	8	211	211	196	407	16	3	170	7	196	36	7	349	15	407
Caddo	292	21	1,833	18	2,164	2,164	2,276	4,440	341	14	1,897	24	2,276	633	35	3,730	42	4,440
Calcasieu	317	14	1,263	10	1,604	1,604	1,625	3,229	323	10	1,277	15	1,625	640	24	2,540	25	3,229
Caldwell	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cameron	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Catahoula	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Claiborne	0	0	324	0	324	324	327	651	0	0	327	0	327	0	0	651	0	651
Concordia	0	0	149	0	149	149	142	291	0	0	142	0	142	0	0	291	0	291
DeSoto	0	2	88	2	92	92	91	183	0	2	87	2	91	0	4	175	4	183
East Baton Rouge	948	a65	8,507	68	9,588	9,588	10,176	19,764	1,040	89	8,940	107	10,176	1,988	154	17,447	175	19,764
East Carroll	2	0	127	8	137	137	167	304	29	2	130	6	167	31	2	257	14	304
East Feliciana	0	0	301	0	301	301	300	601	0	0	300	0	300	0	0	601	0	601
Evangeline	0	0	417	0	417	417	397	814	0	0	397	0	397	0	0	814	0	814
Franklin	0	0	106	2	108	108	111	219	0	0	109	2	111	0	0	215	4	219
Grant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Iberia	104	3	885	3	995	995	951	1,946	83	1	863	4	951	187	4	1,748	7	1,946
Iberville	4	0	363	1	368	368	444	812	18	1	419	6	444	22	1	782	7	812
Jackson	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Jefferson	681	458	11,890	345	13,374	13,374	13,163	26,537	719	424	11,700	320	13,163	1,400	882	23,590	665	26,537
Jefferson Davis	15	1	110	0	126	126	152	278	8	0	143	1	152	23	1	253	1	278
Lafayette	321	13	2,276	16	2,626	2,626	2,703	5,329	369	10	2,307	17	2,703	690	23	4,583	33	5,329
Lafourche	38	0	1,251	6	1,295	1,295	1,269	2,564	32	2	1,224	11	1,269	70	2	2,475	17	2,564
LaSalle	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



Parish	Females				Males				Total		Black Total	Hispanic Total	White Total	Other Total	Sum Total		
	Black	Hispanic	White	Other	Total	Female	Male	Total									
Lincoln	5	2	348	7	362	362	394	13	5	2	374	13	10	4	722	20	756
Livingston	1	1	46	0	48	48	54	0	0	0	54	0	1	1	100	0	102
Madison	0	0	198	0	198	198	168	1	0	0	167	1	0	0	365	1	366
Morehouse	4	0	401	0	405	405	413	0	4	1	408	0	8	1	809	0	818
Natchitoches	11	2	188	2	203	203	208	1	15	1	191	1	26	3	379	3	411
Orleans	5,491	329	6,460	255	12,535	12,535	12,614	273	4,880	237	7,224	273	10,371	566	13,684	528	25,149
Ouachita	84	2	1,225	9	1,320	1,320	1,272	10	98	2	1,162	10	182	4	2,387	19	2,592
Plaquemines	41	1	169	13	224	224	186	10	24	0	152	10	65	1	321	23	410
Pointe Coupee	24	0	748	7	779	779	800	5	37	2	756	5	61	2	1,504	12	1,579
Rapides	47	5	972	17	1,041	1,041	1,060	12	43	7	998	12	90	12	1,970	29	2,101
Red River	0	0	107	0	107	107	133	0	0	0	133	0	0	0	240	0	240
Richland	1	1	215	3	220	220	238	5	0	1	232	5	1	2	447	8	458
Sabine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Bernard	23	15	1,626	21	1,685	1,685	1,669	30	33	20	1,586	30	56	35	3,212	51	3,354
St. Charles	37	9	323	4	373	373	373	4	33	2	334	4	70	11	657	8	746
St. Helena	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. James	9	0	179	0	188	188	186	0	9	0	177	0	18	0	356	0	374
St. John the Baptist	83	13	1,324	7	1,427	1,427	1,377	5	73	11	1,288	5	156	24	2,612	12	2,804
St. Landry	128	21	1,362	12	1,523	1,523	1,204	9	76	4	1,115	9	204	25	2,477	21	2,727
St. Martin	83	5	465	8	561	561	577	10	79	10	478	10	162	15	943	18	1,138
St. Mary	33	5	627	37	702	702	687	40	39	6	602	40	72	11	1,229	77	1,389
St. Tammany	55	49	2,352	22	2,478	2,478	2,646	24	77	37	2,508	24	132	86	4,860	46	5,124
Tangipahoa	31	0	1,185	6	1,222	1,222	1,244	13	33	2	1,196	13	64	2	2,381	19	2,466
Tensas	0	0	101	1	102	102	121	2	0	1	118	2	0	1	219	3	223
Terrebonne	70	12	1,255	12	1,349	1,349	1,421	13	69	9	1,330	13	139	21	2,585	25	2,770
Union	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vermilion	19	1	457	2	479	479	469	2	17	3	447	2	36	4	904	4	948
Vernon	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	0	0	142	5	147	147	122	3	2	0	117	3	2	0	259	8	269
Webster	0	0	160	0	160	160	175	0	1	0	174	0	1	0	334	0	335
West Baton Rouge	11	0	255	0	266	266	242	0	8	0	234	0	19	0	489	0	508
West Carroll	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
West Feliciana	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Winn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
City of Monroe	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
City of Bogalusa	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Figure 3.4
Number of Registered Gifted and Talented Students, By Gender
1996-1997 School Year

<u>Parish</u>	<u>Male</u>	<u>Female</u>	<u>TOTAL</u>	<u>District</u>	<u>Male</u>	<u>Female</u>	<u>TOTAL</u>
Total	12,715	12,429	25,144	Orleans	1,969	2,073	4,042
Acadia	45	51	96	Ouachita	553	546	1,099
Allen	63	46	109	Plaquemines	66	60	126
Ascension	209	181	390	Pointe Coupee	10	10	20
Assumption	20	20	40	Rapides	261	265	526
Avoyelles	24	26	50	Red River	8	5	13
Beauregard	76	71	147	Richland	75	81	156
Bienville	19	16	35	Sabine	40	32	72
Bossier	261	251	512	St. Bernard	173	159	332
Caddo	582	638	1,220	St. Charles	298	280	578
Calcasieu	620	532	1,152	St. Helena	1	1	2
Caldwell	21	19	40	St. James	23	18	41
Cameron	81	77	158	St. John	62	40	102
Catahoula	12	13	25	St. Landry	97	105	202
Claiborne	75	61	136	St. Martin	31	30	61
Concordia	22	41	63	St. Mary	116	100	216
DeSoto	56	65	121	St. Tammany	1,259	1,149	2,408
East Baton Rouge	1,488	1,454	2,942	Tangipahoa	66	67	133
East Carroll	2	1	3	Tensas	37	10	47
East Feliciana	10	13	23	Terrebonne	272	262	534
Evangeline	23	11	34	Union	22	23	45
Franklin	61	64	125	Vermilion	39	25	64
Grant	15	21	36	Vernon	87	92	179
Iberia	276	297	573	Washington	135	99	234
Iberville	26	21	47	Webster	45	47	92
Jackson	29	64	93	West Baton Rouge	103	80	183
Jefferson	1,181	1,144	2,325	West Carroll	28	33	61
Jefferson Davis	42	38	80	West Feliciana	29	20	49
Lafayette	559	574	1,133	Winn	28	31	59
Lafourche	73	58	131	Monroe City	301	320	621
LaSalle	16	21	37	Bogalusa City	60	61	121
Lincoln	108	85	193	Special Schl. Dist. #1	1	1	2
Livingston	124	87	211	La. School for Deaf	0	0	0
Madison	11	13	24	La. School for V. I.	0	0	0
Morehouse	37	37	74	Special Ed. Center	0	0	0
Natchitoches	153	193	346				

Figure 3.5
Number of Registered Gifted and Talented Students, By Ethnic Group
1996-1997 School Year

Parish	American Indian		Asian	Black	Hispanic	White	TOTAL	American					District	Indian	Asian	Black	Hispanic	White	TOTAL
	Indian	White																	
Total	78	19,505	671	4,614	276	19,505	25,144						Plaquemines	0	1	16	0	109	126
Acadia	0	92	1	3	0	92	96						Pointe Coupee	0	1	4	0	15	20
Allen	0	100	0	9	0	100	109						Rapides	0	16	40	1	469	526
Ascension	0	350	2	38	0	350	390						Red River	0	0	0	0	13	13
Assumption	0	38	0	2	0	38	40						Richland	0	0	25	0	131	156
Avoyelles	0	48	0	2	0	48	50						Sabine	9	0	2	3	58	72
Beauregard	0	137	1	8	1	137	147						St. Bernard	3	8	19	10	292	332
Bienville	0	29	0	6	0	29	35						St. Charles	0	5	79	8	486	578
Bossier	1	478	6	22	5	478	512						St. Helena	0	0	1	0	1	2
Caddo	2	1,080	36	98	4	1,080	1,220						St. James	0	0	11	0	30	41
Calcasieu	2	1,044	24	76	6	1,044	1,152						St. John	0	1	42	2	57	102
Caldwell	0	37	0	3	0	37	40						St. Landry	0	0	42	0	160	202
Cameron	0	155	1	0	2	155	158						St. Martin	0	1	5	0	55	61
Catahoula	0	23	0	2	0	23	25						St. Mary	2	6	19	1	188	216
Claiborne	0	104	1	29	2	104	136						St. Tammany	16	28	72	15	2,277	2,408
Concordia	0	56	0	7	0	56	63						Tangipahoa	0	9	13	1	110	133
DeSoto	0	111	0	9	1	111	121						Tensas	0	0	29	0	18	47
East Baton Rouge	7	2,472	0	452	11	2,472	2,942						Terrebonne	12	9	15	2	496	534
East Carroll	0	0	0	3	0	0	3						Union	0	0	5	0	40	45
East Feliciana	0	10	0	13	0	10	23						Vermilion	0	0	2	0	62	64
Evangeline	0	31	1	2	0	31	34						Vernon	1	9	11	8	150	179
Franklin	0	106	0	18	1	106	125						Washington	0	1	36	1	196	234
Grant	0	34	0	2	0	34	36						Webster	0	0	7	0	85	92
Iberia	1	492	8	71	1	492	573						West Baton Rouge	1	1	29	0	152	183
Iberville	0	27	0	20	0	27	47						West Carroll	0	0	2	0	59	61
Jackson	0	72	0	21	0	72	93						West Feliciana	0	0	6	0	43	49
Jefferson	8	1,668	230	321	98	1,668	2,325						Winn	0	0	8	1	50	59
Jefferson Davis	0	78	2	0	0	78	80						Monroe	0	3	312	0	306	621
Lafayette	3	1,006	23	95	6	1,006	1,133						Bogalusa City	0	0	24	0	97	121
Lafourche	1	123	5	2	0	123	131						Sp. Schl. Dist. #1	0	0	2	0	0	2
LaSalle	0	35	0	2	0	35	37						La. Sch for Deaf	0	0	0	0	0	0
Lincoln	0	168	8	16	1	168	193						La. School for V. I.	0	0	0	0	0	0
Livingston	1	209	0	0	1	209	211						Special Ed. Center	0	0	0	0	0	0
Madison	0	12	0	11	1	12	24												
Morehouse	0	56	0	18	0	56	74												
Natchitoches	2	262	7	70	5	262	346												
Orleans	6	1,542	202	2,216	76	1,542	4,042												
Ouachita	0	1,015	14	69	1	1,015	1,099												

Based on Oct. 1, 1996 Special Education Minimum Foundation Program membership count.

Figure 3.6
Individuals with Disabilities Education Act, By Age Group

	1993				1994			
	IDEA 3-5	IDEA 6-21	IDEA Total	Grand Total Chap. 1	IDEA 3-5	IDEA 6-21	IDEA Total	Grand Total Chap. 1
Parish								
Total	9,005	75,848	84,853	2,078	9,658	79,047	88,705	2,251
Acadia	106	1,387	1,493	0	83	1,368	1,451	0
Allen	98	332	430	0	86	349	435	0
Ascension	201	1,587	1,788	0	218	1,707	1,925	0
Assumption	125	396	521	37	141	412	553	34
Avoyelles	81	622	703	0	66	621	687	0
Beauregard	163	542	705	0	180	572	752	0
Bienville	53	259	312	0	49	285	334	0
Bossier	175	1,154	1,329	0	215	1,347	1,562	0
Caddo	540	4,605	5,145	0	660	4,772	5,432	0
Calcasieu	473	3,379	3,852	0	530	3,500	4,030	0
Caldwell	31	140	171	0	31	153	184	0
Cameron	29	226	255	0	25	246	271	0
Catahoula	14	189	203	0	17	179	196	0
Claiborne	56	241	297	0	83	274	357	0
Concordia	37	258	295	0	37	285	322	0
DeSoto	54	447	501	0	58	485	543	0
East Baton Rouge	537	5,971	6,508	0	550	5,930	6,480	0
East Carroll	18	124	142	0	18	131	149	0
East Feliciana	32	223	255	0	48	238	286	0
Evangeline	45	883	928	15	48	915	963	18
Franklin	68	243	311	0	61	258	319	0
Grant	54	291	345	0	58	306	364	0
Iberia	265	2,413	2,678	54	267	2,324	2,591	57
Iberville	39	523	562	0	51	519	570	0
Jackson	14	199	213	0	20	229	249	0
Jefferson	494	6,382	6,876	8	594	6,560	7,154	8
Jefferson Davis	113	788	901	32	62	765	827	15
Lafayette	322	2,933	3,255	0	302	2,951	3,253	0
Lafourche	313	2,167	2,480	65	334	2,158	2,492	78
LaSalle	30	194	224	10	31	182	213	7
Lincoln	51	441	492	0	62	467	529	0
Livingston	139	1,303	1,442	0	121	1,404	1,525	0
Madison	36	216	252	0	34	247	281	0
Morehouse	115	604	719	0	96	628	724	0

Parish	1993			1994			Grand Total
	IDEA 3-5	IDEA 6-21	IDEA Total	IDEA 3-5	IDEA 6-21	IDEA Total	
Natchitoches	131	606	737	109	674	783	836
Orleans	584	6,055	6,639	666	6,610	7,276	7,276
Ouachita	102	1,286	1,388	125	1,382	1,507	1,555
Plaquemines	30	415	445	38	436	474	474
Pointe Coupee	65	439	504	62	482	544	544
Rapides	258	2,490	2,748	255	2,558	2,813	2,813
Red River	19	153	172	26	162	188	188
Richland	81	364	445	102	390	492	492
Sabine	58	427	485	73	413	486	495
St. Bernard	148	1,212	1,360	140	1,121	1,261	1,261
St. Charles	78	837	915	94	907	1,001	1,034
St. Helena	31	238	269	32	226	258	258
St. James	45	287	332	48	293	341	370
St. John	214	716	930	223	895	1,118	1,138
St. Landry	189	1,774	1,963	214	1,937	2,151	2,226
St. Martin	151	1,124	1,275	134	1,145	1,279	1,311
St. Mary	126	1,302	1,428	136	1,356	1,492	1,523
St. Tammany	388	3,141	3,529	474	3,432	3,906	3,936
Tangipahoa	246	1,863	2,109	270	1,997	2,267	2,267
Tensas	58	215	273	52	222	274	274
Terrebonne	252	2,433	2,685	277	2,582	2,859	2,905
Union	72	218	290	70	260	330	330
Vermilion	160	1,225	1,385	163	1,272	1,435	1,473
Vernon	121	937	1,058	138	1,048	1,186	1,232
Washington	79	523	602	91	558	649	649
Webster	80	675	755	97	713	810	810
West Baton Rouge	31	288	319	31	282	313	313
West Carroll	52	189	241	43	195	238	238
West Feliciana	22	233	255	19	245	264	269
Winn	68	321	389	73	304	377	377
Monroe City	69	864	933	69	854	923	959
Bogalusa City	64	299	363	61	347	408	408
Sp Schl. Dist. #1	2	638	640	1	601	602	602
OMR	0	0	0	0	0	0	1,489
School for Deaf	9	280	289	13	270	283	283
School for V. I.	0	60	60	2	53	55	55
Special Ed Center	1	59	60	1	58	59	59
LSU Medical Ctr.	0	0	23	0	0	0	14



Figure 3.7
Number of Students with Disabilities, By Ethnic Group
Minimum Foundation Membership as of October 1, 1996

<u>School System</u>	<u>American Indian</u>	<u>Asian</u>	<u>Black</u>	<u>Hispanic</u>	<u>White</u>	<u>TOTAL</u>
Total	556	267	47,697	715	42,636	91,871
Acadia	1	1	547	2	960	1,511
Allen	1	0	122	1	284	408
Ascension	4	2	872	8	1,136	2,022
Assumption	1	2	367	4	248	622
Avoyelles	0	0	384	1	295	680
Beauregard	0	1	166	2	537	706
Bienville	0	0	252	0	95	347
Bossier	4	6	759	25	933	1,727
Caddo	4	12	4,107	19	1,611	5,753
Calcasieu	6	12	1,462	18	2,537	4,035
Caldwell	0	0	60	1	134	195
Cameron	1	0	29	2	248	280
Catahoula	1	0	102	0	90	193
Claiborne	0	0	280	0	104	384
Concordia	0	0	226	1	146	373
DeSoto	0	0	369	2	189	560
East Baton Rouge	3	0	4,525	7	1,608	6,143
East Carroll	0	0	123	0	20	143
East Feliciana	0	0	236	0	75	311
Evangeline	4	0	459	0	556	1,019
Franklin	0	0	198	1	127	326
Grant	1	0	130	2	318	451
Iberia	6	9	1,215	8	1,251	2,489
Iberville	0	0	487	0	124	611
Jackson	0	0	128	0	163	291
Jefferson	29	60	3,346	265	3,876	7,576
Jefferson Davis	6	0	261	6	609	882
Lafayette	3	16	1,482	12	1,669	3,182
Lafourche	107	20	712	16	1,585	2,440
LaSalle	0	0	30	0	196	226
Lincoln	0	1	336	0	229	566
Livingston	9	0	235	5	1,479	1,728
Madison	0	0	254	1	56	311
Morehouse	0	0	537	1	205	743



School System	American Indian	Asian	Black	Hispanic	White	TOTAL
Natchitoches	1	1	520	4	261	787
Orleans	0	28	6,654	98	433	7,213
Ouachita	6	2	505	8	1,085	1,606
Plaquemines	5	2	157	2	291	457
Pointe Coupee	0	0	333	3	240	576
Rapides	8	7	1,347	5	1,475	2,842
Red River	0	0	188	1	70	259
Richland	1	1	302	3	155	462
Sabine	39	0	227	27	270	563
St. Bernard	9	17	180	32	1,145	1,383
St. Charles	0	1	464	8	523	996
St. Helena	0	0	271	0	18	289
St. James	0	0	313	1	123	437
St. John	1	2	850	15	382	1,250
St. Landry	4	2	1,367	8	934	2,315
St. Martin	2	5	705	0	531	1,243
St. Mary	6	14	873	6	677	1,576
St. Tammany	15	12	983	30	3,206	4,246
Tangipahoa	1	5	1,417	2	1,076	2,501
Tensas	0	0	210	0	37	247
Terrebonne	254	4	1,036	9	1,781	3,084
Union	0	0	181	3	132	316
Vermilion	1	8	395	0	1,091	1,495
Vernon	7	6	301	29	816	1,159
Washington	0	0	342	1	348	691
Webster	1	1	469	4	428	903
West Baton Rouge	0	0	215	1	179	395
West Carroll	0	0	81	1	181	263
West Feliciana	0	0	159	0	122	281
Winn	0	0	181	0	173	354
Monroe City	0	0	920	0	121	1,041
Bogalusa City	0	0	220	0	269	489
Special Schl. Dist. #1	0	1	351	1	183	536
La. School for Deaf	4	5	131	2	129	271
La. School for V. I	0	0	33	0	19	52
Special Ed. Center	0	1	18	1	39	59

Based on Oct. 1, 1996 Special Education Minimum Foundation Program membership count.

Figure 3.8
Per Pupil Expenditure By Parish in Louisiana Public Schools, 1997

<u>Parish</u>	<u>Level 1 & 2 per pupil expenditure</u>	<u>Parish</u>	<u>Level 1 & 2 per pupil expenditure</u>
Total	\$4,327	Morehouse	4,068
Acadia	3,618	Natchitoches	4,405
Allen	4,358	Orleans	4,201
Ascension	4,978	Ouachita	4,344
Assumption	4,582	Plaquemines	3,879
Avoyelles	3,711	Pointe Coupee	4,407
Beauregard	4,664	Rapides	4,709
Bienville	5,297	Red River	4,267
Bossier	4,087	Richland	4,300
Caddo	4,404	Sabine	4,026
Calcasieu	4,712	St. Bernard	4,175
Caldwell	4,132	St. Charles	4,971
Cameron	5,319	St. Helena	4,300
Catahoula	4,401	St. James	4,773
Claiborne	4,009	St. John	5,038
Concordia	4,006	St. Landry	3,759
DeSoto	5,024	St. Martin	4,165
East Baton Rouge	3,923	St. Mary	4,415
East Carroll	3,719	St. Tammany	5,230
East Feliciana	4,537	Tangipahoa	4,057
Evangeline	3,858	Tensas	4,428
Franklin	3,699	Terrebonne	4,165
Grant	4,049	Union	3,652
Iberia	4,547	Vermilion	3,913
Iberville	4,730	Vernon	4,164
Jackson	4,677	Washington	4,495
Jefferson	4,460	Webster	4,094
Jefferson Davis	4,325	West Baton Rouge	4,113
Lafayette	4,196	West Carroll	3,769
Lafourche	4,549	West Feliciana	4,816
LaSalle	4,466	Winn	4,523
Lincoln	4,126	Monroe City	4,140
Livingston	4,169	Bogalusa City	4,008
Madison	3,640		



Figure 4.1
Mental Health Services Delivered
by Community Mental Health Centers,
By Parish for Ages 5 to 17
for Fiscal Year 1997

<u>Parish</u>	<u>Cases</u>	<u>Parish</u>	<u>Cases</u>
Total	8249	Madison	129
Acadia	282	Morehouse	0
Allen	27	Natchitoches	154
Ascension	171	Orleans	593
Assumption	0	Ouachita	361
Avoyelles	324	Plaquemines	0
Beauregard	43	Pointe Coupee	0
Bienville	0	Rapides	439
Bossier	0	Red River	36
Caddo	221	Richland	94
Calcasieu	295	Sabine	20
Caldwell	0	St. Bernard	108
Cameron	0	St. Charles	0
Catahoula	0	St. Helena	0
Claiborne	0	St. James	0
Concordia	0	St. John	210
DeSoto	31	St. Landry	0
E. Baton Rouge	450	St. Martin	0
E. Carroll	0	St. Mary	164
E. Feliciana	0	St. Tammany	595
Evangeline	166	Tangipahoa	300
Franklin	48	Tensas	0
Grant	0	Terrebonne	212
Iberia	145	Union	0
Iberville	0	Vermilion	0
Jackson	51	Vernon	86
Jefferson	1548	Washington	65
Jefferson Davis	0	Webster	114
Lafayette	543	W. Baton Rouge	0
Lafourche	131	W. Carroll	0
LaSalle	0	W. Feliciana	0
Lincoln	93	Winn	0
Livingston	0		

Figure 4.2
Number of Sexual Abuse Cases Found Valid, By Race
Fiscal Year 1996

Parish	White	African American	Total (all races)	Parish	White	African American	Total (all races)
Total	555	371	926	Madison	2	1	3
Acadia	6	3	9	Morehouse	3	2	5
Allen	7	1	8	Natchitoches	7	2	9
Ascension	6	3	9	Orleans	3	77	81
Assumption	*	*	*	Ouachita	44	16	63
Avoyelles	14	6	20	Plaquemines	3	6	9
Beauregard	21	21	21	Pointe Coupee	0	2	2
Bienville	*	*	*	Rapides	28	24	53
Bossier	12	9	21	Red River	*	*	*
Caddo	18	22	40	Richland	7	3	10
Calcasieu	23	22	46	Sabine	8	1	9
Caldwell	*	*	*	St. Bernard	10	0	10
Cameron	*	*	*	St. Charles	*	*	*
Catahoula	2	0	2	St. Helena	*	*	*
Claiborne	*	*	*	St. James	*	*	*
Concordia	3	2	5	St. John	8	8	16
DeSoto	2	6	8	St. Landry	7	6	13
East Baton Rouge	19	29	49	St. Martin	7	6	13
East Carroll	0	1	1	St. Mary	5	3	8
East Feliciana	8	2	10	St. Tammany	34	10	46
Evangeline	7	5	12	Tangipahoa	10	5	16
Franklin	3	3	6	Tensas	*	*	*
Grant	11	0	11	Terrebonne	23	7	32
Iberia	14	4	18	Union	1	2	3
Iberville	5	0	5	Vermilion	10	0	10
Jackson	*	*	*	Vernon	18	1	20
Jefferson	51	38	91	Washington	17	2	19
Jefferson Davis	7	0	7	Webster	10	6	18
Lafayette	*	*	*	West Baton Rouge	*	*	*
Lafourche	17	4	21	West Carroll	0	0	0
LaSalle	*	*	*	West Feliciana	*	*	*
Lincoln	1	0	2	Winn	9	1	10
Livingston	24	2	26				

Figure 4.3
Number of Physical Abuse Cases Found Valid, By Race
Fiscal Year 1996

Parish	White	African American	Total (all races)	Parish	White	African American	Total (all races)
Total	1428	1537	2965	Madison	3	4	8
Acadia	53	25	79	Morehouse	7	10	17
Allen	18	6	24	Natchitoches	18	29	50
Ascension	18	6	24	Orleans	25	382	415
Assumption	*	*	*	Ouachita	61	71	132
Avoyelles	28	10	38	Plaquemines	19	8	27
Beauregard	20	7	28	Pointe Coupee	9	9	18
Bienville	*	*	*	Rapides	73	53	128
Bossier	49	34	85	Red River	*	*	*
Caddo	70	135	206	Richland	6	1	7
Calcasieu	110	52	163	Sabine	17	11	28
Caldwell	*	*	*	St. Bernard	31	9	44
Cameron	*	*	*	St. Charles	*	*	*
Catahoula	2	2	4	St. Helena	*	*	*
Claiborne	*	*	*	St. James	*	*	*
Concordia	5	4	9	St. John	25	30	55
DeSoto	7	12	19	St. Landry	11	18	29
East Baton Rouge	40	76	118	St. Martin	25	27	52
East Carroll	10	6	16	St. Mary	21	18	40
East Feliciana	16	11	27	St. Tammany	54	11	67
Evangeline	17	10	28	Tangipahoa	21	12	34
Franklin	3	5	9	Tensas	*	*	*
Grant	17	4	21	Terrebonne	30	21	53
Iberia	28	21	50	Union	6	4	10
Iberville	6	8	14	Vermilion	23	6	36
Jackson	*	*	*	Vernon	50	22	78
Jefferson	191	188	400	Washington	9	3	12
Jefferson Davis	34	17	51	Webster	26	23	49
Lafayette	*	*	*	West Baton Rouge	*	*	*
Lafourche	25	27	53	West Carroll	0	0	0
LaSalle	*	*	*	West Feliciana	*	*	*
Lincoln	10	14	24	Winn	9	1	10
Livingston	72	3	76				

Figure 4.4
Number of Neglect Cases Found Valid, By Race
Fiscal Year 1996

Parish	White	African American	Total (all races)	Parish	White	African American	Total (all races)
Total	3789	6069	9858	Madison	15	37	53
Acadia	110	92	204	Morehouse	21	45	66
Allen	38	21	62	Natchitoches	46	145	195
Ascension	36	62	102	Orleans	81	1385	1494
Assumption	*	*	*	Ouachita	183	382	570
Avoyelles	42	20	62	Plaquemines	81	52	136
Beauregard	87	36	129	Pointe Coupee	24	85	109
Bienville	*	*	*	Rapides	185	298	492
Bossier	98	104	212	Red River	*	*	*
Caddo	127	586	717	Richland	6	16	22
Calcasieu	192	160	364	Sabine	47	45	92
Caldwell	*	*	*	St. Bernard	82	33	116
Cameron	*	*	*	St. Charles	*	*	*
Catahoula	78	27	107	St. Helena	*	*	*
Claiborne	*	*	*	St. James	*	*	*
Concordia	16	32	50	St. John	39	102	141
DeSoto	17	29	47	St. Landry	87	113	204
East Baton Rouge	76	400	485	St. Martin	39	64	105
East Carroll	35	79	116	St. Mary	63	50	113
East Feliciana	28	61	89	St. Tammany	280	79	373
Evangeline	41	46	91	Tangipahoa	34	60	95
Franklin	36	30	66	Tensas	*	*	*
Grant	63	26	89	Terrebonne	100	89	193
Iberia	55	89	150	Union	17	34	51
Iberville	24	58	82	Vermilion	36	27	70
Jackson	*	*	*	Vernon	176	82	272
Jefferson	348	408	788	Washington	43	49	92
Jefferson Davis	60	59	124	Webster	37	118	158
Lafayette	179	204	207	West Baton Rouge	*	*	*
Lafourche	96	109	207	West Carroll	1	3	4
LaSalle	*	*	*	West Feliciana	*	*	*
Lincoln	21	57	78	Winn	34	36	72
Livingston	129	20	149				

Figure 4.5
Department of Public Safety and Corrections / Office of Youth Development
Population by Adjudicated Offense As of 12/31/97

<u>Offense</u>	<u>Total</u>	<u>Custody Secure</u>	<u>Custody Non-Secure</u>	<u>Non-Custody</u>
Homicide	97	60	10	27
Assault/ Battery	1460	345	141	974
Robbery	450	277	36	137
Sex	295	112	31	152
Burglary	1730	427	223	1073
Theft	1586	264	197	1125
Drugs	1080	324	98	658
Other Person Violent	76	29	8	39
Other Person Non-Violent	222	51	17	154
Public Order	345	19	27	299
Other Property	382	49	30	304
Weapons	240	45	25	170
Status	781	0	3339	442
Unknown	410	0	0	410
Total	9156	2010	1182	5964

* Of the 410 unknown, 288 are IAA's or FINS

Figure 4.6
Department of Public Safety and Corrections / Office of Youth Development
Population, By Adjudicated Offense As of 12/31/97

<u>Parish</u>	<u>Total</u>	<u>Custody</u> <u>Secure</u>	<u>Custody</u> <u>Non-Secure</u>	<u>Non-</u> <u>Custody</u>	<u>Parish</u>	<u>Total</u>	<u>Custody</u> <u>Secure</u>	<u>Custody</u> <u>Non-Secure</u>	<u>Non-</u> <u>Custody</u>
Total	9156	2010	1182	5964	Morehouse	104	19	2	83
Acadia	143	45	14	84	Natchitoches	164	16	9	139
Allen	65	9	5	51	Orleans	2147	408	111	1628
Ascension	70	10	7	53	Ouachita	261	55	26	180
Assumption	17	5	1	11	Plaquemines	28	3	22	3
Avoyelles	79	18	8	55	Pointe Coupee	65	3	3	59
Beauregard	50	4	0	46	Rapides	77	14	36	27
Bienville	31	3	1	27	Red River	32	4	1	27
Bossier	138	14	12	112	Richland	86	20	5	61
Caddo	290	120	95	75	Sabine	38	6	2	30
Calcasieu	200	80	77	43	St. Bernard	58	20	13	25
Caldwell	21	1	1	19	St. Charles	101	10	8	83
Cameron	25	0	1	24	St. Helena	2	0	0	2
Catahoula	27	7	2	18	St. James	18	5	0	13
Claiborne	24	2	1	21	St. John	35	20	7	8
Concordia	44	20	0	24	St. Landry	265	75	23	167
DeSoto	93	16	7	70	St. Martin	180	32	22	126
E.Baton Rouge	223	93	76	64	St. Mary	231	67	26	138
E.Carroll	45	11	3	31	St. Tammany	325	40	27	258
E.Feliciana	50	3	7	40	Tangipahoa	174	38	27	109
Evangeline	88	20	2	66	Tensas	22	4	5	13
Franklin	58	14	7	37	Terrebonne	196	66	30	100
Grant	19	1	2	16	Union	21	3	3	15
Iberia	237	67	32	138	Vermilion	114	27	11	76
Iberville	50	14	1	35	Vernon	63	19	7	37
Jackson	31	6	1	24	Washington	38	15	1	22
Jefferson	540	184	259	97	Webster	77	21	5	51
Jeff. Davis	59	9	7	43	W. Baton Rouge	48	4	0	44
Lafayette	395	81	32	282	W. Carroll	45	9	4	32
Lafourche	421	77	49	295	W. Feliciana	50	3	7	40
LaSalle	15	1	2	12	Winn	21	5	0	16
Lincoln	120	5	7	108	Out of State	82	0	0	79
Livingston	51	11	7	33	Unknown	124	0	0	124
Madison	79	21	11	48					



Figure 5.1
Number of Homeless Students Enrolled in Louisiana Public
Schools, 1997

Parish	Birth to PK	K to 6	7 to 9	10 to 12	Total	D-T**	Shelters	Total + D-T
Total	877	9129	3367	3124	16497	12338	609	28835
Acadia	*	35	3	1	39	125	10	164
Allen	5	26	2	*	33	34	*	67
Ascension	3	106	3	11	123	210	2	333
Assumption	71	289	4	12	376	173	6	549
Avoyelles	2	30	31	37	100	35	2	135
Beauregard	20	93	11	33	157	80	6	237
Bienville	*	1	2	10	13	7	*	20
Bossier	21	202	149	38	410	529	25	939
Caddo	13	1280	807	1176	3276	1895	45	5171
Calcasieu	14	720	167	120	1021	616	33	1637
Caldwell	12	*	*	*	12	9	*	21
Cameron	*	3	*	1	4	21	3	25
Catahoula	*	3	*	*	3	10	*	13
Claiborne	*	53	2	*	55	23	*	78
Concordia	*	40	20	5	65	50	41	115
DeSoto	8	34	129	294	465	75	1	540
E. Baton Rouge	47	563	653	114	1377	1270	72	2647
E. Carroll	3	9	18	*	30	28	*	58
E. Feliciana	25	30	*	*	55	30	*	85
Evangeline	1	15	2	*	18	98	*	116
Franklin	*	*	*	1	1	30	*	31
Grant	*	49	17	43	109	69	3	178
Iberia	20	136	120	50	326	227	20	553
Iberville	74	275	96	75	520	164	*	684
Jackson	*	3	*	5	8	2	1	10
Jefferson	55	983	108	38	1184	1284	43	2468
Jefferson Davis	1	21	7	7	36	38	*	74
Lafayette	59	538	123	64	784	639	42	1423
Lafourche	3	137	230	7	377	313	9	690
LaSalle	3	93	28	8	132	57	*	189
Lincoln	*	84	44	*	128	91	6	219
Livingston	2	135	59	79	275	201	1	476



Homeless Students Con't

Parish	Birth to PK	K to 6	7 to 9	10 to 12	Total	D-T**	Shelters	Total + D-T
Madison	20	20	1	*	41	40	*	81
Morehouse	*	16	2	12	30	14	4	44
Natchitoches	10	51	*	50	111	44	3	155
Orleans	21	181	76	117	395	403	40	798
Ouachita	13	142	14	14	183	258	15	441
Plaquemines	*	4	1	4	9	5	*	14
Pointe Coupee	12	143	*	*	155	115	1	270
Rapides	54	244	112	32	442	349	67	791
Red River	*	*	*	*	0	*	*	0
Richland	12	33	2	*	47	23	*	70
Sabine	8	18	11	11	48	42	1	90
St. Bernard	30	249	3	4	286	187	6	473
St. Charles	3	97	49	8	157	229	*	386
St. Helena	*	*	*	*	0	*	*	0
St. James	2	11	1	*	14	24	*	38
St. John	5	273	49	177	504	209	17	713
St. Landry	2	182	43	170	397	270	18	667
St. Martin	10	100	5	10	125	90	3	215
St. Mary	7	151	6	11	175	187	4	362
St. Tammany	3	169	15	140	327	197	21	524
Tangipahoa	76	189	23	21	309	309	8	618
Tensas	5	10	2	*	17	9	*	26
Terrebonne	11	168	28	20	227	186	3	413
Union	6	31	7	6	50	37	1	87
Vermilion	25	26	*	*	51	39	5	90
Vernon	47	181	10	14	252	174	9	426
Washington	2	85	31	12	130	89	1	219
Webster	2	4	1	8	15	67	2	82
W. Baton Rouge	*	9	*	*	9	17	*	26
W. Carroll	*	3	*	3	6	15	*	21
W. Feliciana	16	79	6	11	112	7	*	119
Winn	1	168	2	17	188	133	*	321
City of Monroe	12	104	25	13	154	132	7	286
City of Bogalusa	*	2	7	10	19	5	2	24

* not reported

**D-T is Number of Students "Doubled and Tripled-Up"

Figure 6.1
Percent of Free and Reduced Lunch Applications in Public Schools, by Parish, By Race
Fiscal Year 1996

School System	% on reduced		% on free meals		% total		School System	% on reduced		% on free meals		% total	
	meals	%	meals	%	meals	%		meals	%	meals	%	meals	%
Acadia	11.9		59.01		70.91		Morehouse	8.37		74.52		82.89	
Allen	13.61		52.93		66.54		Natchitoches	8.02		64.3		72.32	
Ascension	6.71		44.9		51.61		Orleans	3.67		89.94		93.61	
Assumption	10.19		61.65		71.84		Ouachita	7.61		44.52		52.13	
Avoyelles	9.81		70.66		80.47		Plaquemines	8.9		56.08		64.98	
Beauregard	9.72		45.31		55.03		Pointe Coupee	7.9		78.56		86.46	
Bienville	7.52		71.31		78.83		Rapides	9.61		55.46		64.07	
Bossier	6.83		37.47		44.3		Red River	9.4		73.33		82.73	
Caddo	4.77		62.47		67.24		Richland	6.87		66.82		73.69	
Calcasieu	8.13		48.84		56.97		Sabine	9.37		58.97		68.34	
Caldwell	10.58		56.91		67.49		St. Bernard	9.27		55.41		64.68	
Cameron	12.34		33.23		45.57		St. Charles	7.54		47.14		54.68	
Catahoula	7.99		63.11		71.10		St. Helena	6.19		83.93		90.12	
Claiborne	7.89		69.47		77.36		St. James	7.54		71.84		79.38	
Concordia	5.76		69.39		75.15		St. John	5.89		78.17		84.06	
DeSoto	5.54		66.32		71.86		St. Landry	10.42		71.31		81.73	
East Baton Rouge	8.54		63.00		71.54		St. Martin	11.09		63.26		74.35	
East Carroll	3.01		91.32		94.33		St. Mary	9.69		61.84		71.53	
East Feliciana	7.88		77.04		84.92		St. Tammany	7.02		32.45		39.47	
Evangeline	12.23		66.62		78.85		Tangipahoa	7.06		66.29		73.35	
Franklin	9.43		65.18		74.61		Tensas	4.35		87.12		91.47	
Grant	12.15		52.03		64.18		Terrebonne	11.35		60.9		72.25	
Iberia	8.36		58.03		66.39		Union	8.56		61.95		70.51	
Iberville	6.56		71.48		78.04		Vermilion	10.46		51.99		62.45	
Jackson	9.03		50.62		59.65		Vernon	16.52		44.46		60.98	
Jefferson	8.19		70.95		79.14		Washington	7.87		75.49		83.36	
Jefferson Davis	14.62		52.05		66.67		Webster	7.39		51.36		58.75	
Lafayette	8.36		52.53		60.89		West Baton Rouge	8.91		55.1		64.01	
Lafourche	12.72		48.55		61.27		West Carroll	11.69		57.28		68.97	
LaSalle	11.48		44.80		56.28		West Feliciana	7.4		48.68		56.08	
Lincoln	8.75		55.95		64.70		Winn	7.48		57.7		65.15	
Livingston	11.39		33.84		45.23		Monroe City	3.93		84.11		80.88	
Madison	4.57		82.69		87.26		Bogalusa City	7.14		73.74		80.88	

Figure 6.2
Number of Reported Drownings, By Age Group
in Louisiana, 1996

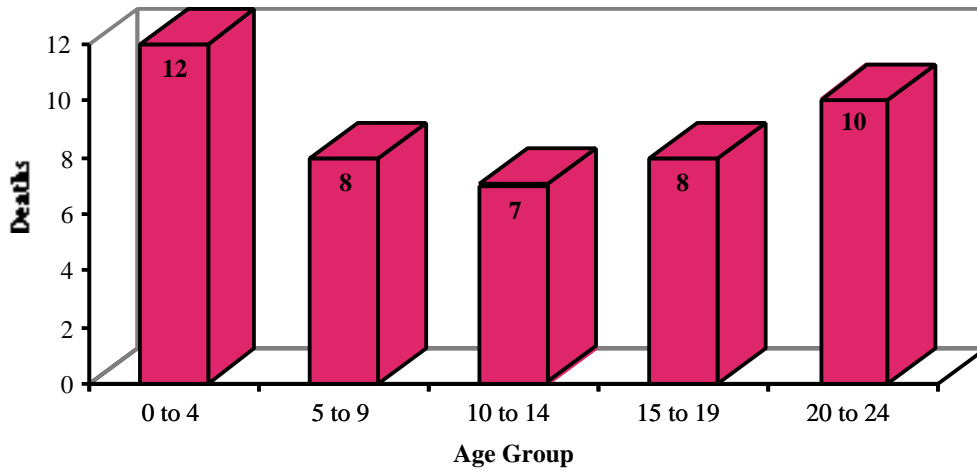


Figure 6.3
Number of Reported Deaths by Falls, By Age Group
in Louisiana, 1996

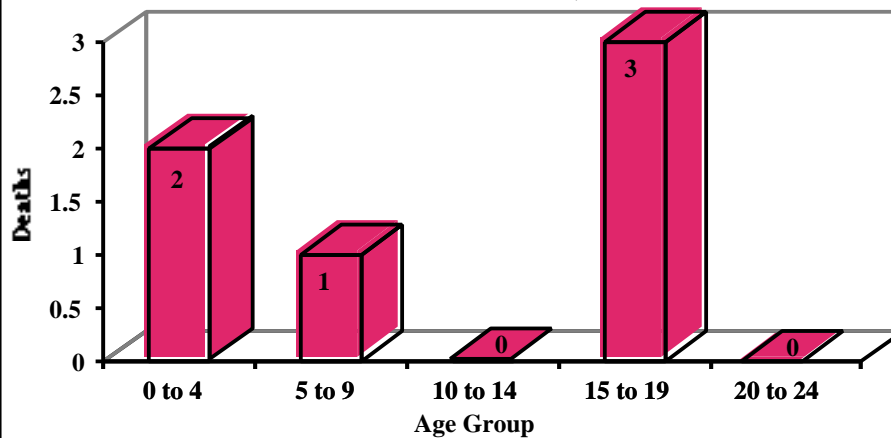


Figure 6.4
Number of Reported Motor Vehicle Deaths,
By Age Group in Louisiana, 1996

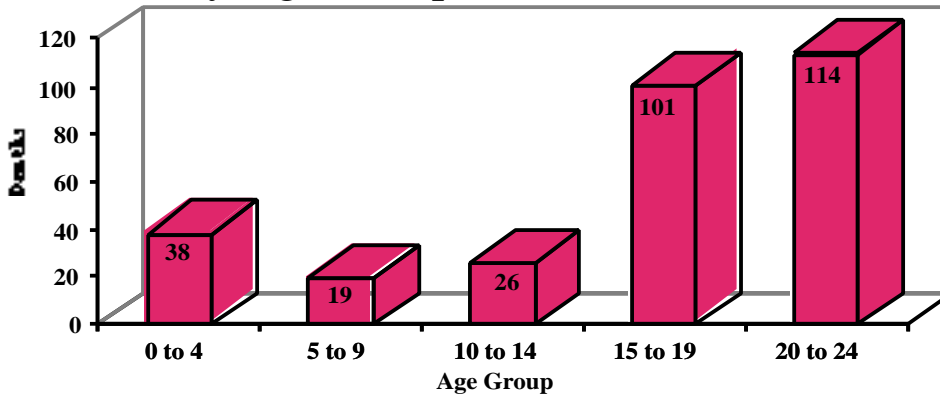


Figure 6.5
Number of Reported Fire and Burn Deaths,
By Age Group in Louisiana, 1996

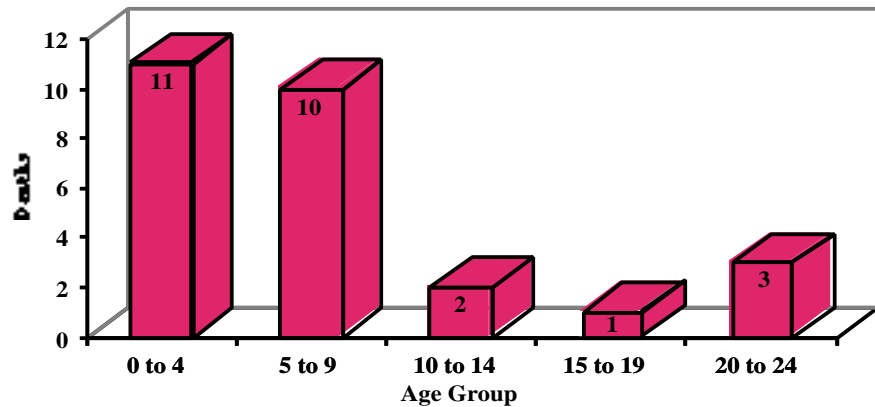


Figure 6.6
Number of Reported Poisoning Deaths,
By Age Group in Louisiana, 1996

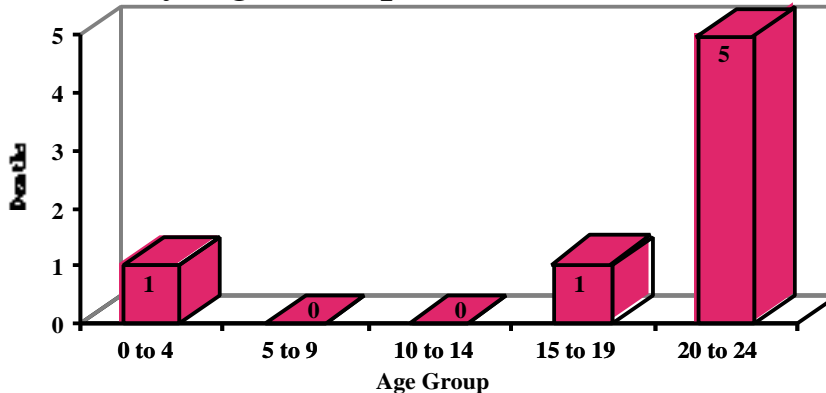


Figure 7.1
Percent of Births Born to Teenage Mothers age <20, By Race for 1996 and Percent of
Births Born to Teenage Mothers age <20 for 1994 & 1995 Total

Parish	% White 1996	% Black 1996	% total 1996	% total 1995	% total 1994	Parish	% White 1996	% Black 1996	% total 1996	% total 1995	% total 1994
Total	13.4	27.0	18.9	19.00	19.01	Madison	23.1	30.5	28.6	28.63	28.40
Acadia	18.0	28.2	20.5	21.21	21.69	Morehouse	20.2	30.7	25.6	31.10	31.78
Allen	17.6	12.9	17.0	22.08	23.85	Natchitoches	14.4	29.1	22.0	24.55	23.80
Ascension	12.2	26.0	16.0	15.70	14.79	Orleans	5.9	25.0	21.0	22.35	23.65
Assumption	12.4	27.3	20.1	19.63	22.43	Ouachita	13.2	33.0	21.8	20.37	23.10
Avoyelles	15.8	26.1	19.0	20.47	21.84	Plaquemines	19.5	28.2	21.6	17.16	18.96
Beauregard	16.2	24.4	17.7	17.47	18.82	Pointe Coupee	9.5	31.7	19.7	19.69	20.81
Bienville	19.4	22.8	21.0	19.14	18.52	Rapides	16.7	31.6	22.3	21.45	21.05
Bossier	11.8	27.0	15.9	15.87	16.54	Red River	18.2	33.8	26.2	18.88	28.40
Caddo	11.2	26.2	19.2	20.16	20.42	Richland	17.4	29.9	23.8	30.03	30.65
Calcasieu	16.1	28.3	19.6	19.36	18.15	Sabine	21.9	23.1	22.7	25.09	23.36
Caldwell	22.7	25.0	23.6	21.85	15.65	St. Bernard	16.7	26.4	17.2	15.47	15.56
Cameron	29.3	42.9	30.3	14.91	14.29	St. Charles	8.3	25.5	13.9	13.38	14.56
Catahoula	22.0	32.8	26.4	24.84	21.77	St. Helena	20.4	32.2	27.0	22.88	20.31
Claiborne	27.0	19.6	22.2	18.56	24.23	St. James	5.9	21.6	15.4	18.62	17.43
Concordia	19.2	43.3	30.7	33.02	33.84	St. John	10.4	27.7	18.8	17.38	16.35
DeSoto	14.4	27.7	21.7	24.44	21.59	St. Landry	17.5	27.6	22.3	19.75	21.23
E. Baton Rouge	8.4	25.0	16.4	14.79	15.03	St. Martin	16.4	27.1	20.2	18.27	20.52
E. Carroll	20.5	32.4	29.3	28.49	31.03	St. Mary	18.6	31.8	23.5	22.88	22.03
E. Feliciana	15.3	23.3	19.3	16.85	19.73	St. Tammany	8.1	28.9	10.8	13.04	12.78
Evangeline	21.9	30.6	24.9	23.79	19.64	Tangipahoa	17.3	33.7	23.9	22.78	24.15
Franklin	18.1	34.4	25.7	25.15	26.67	Tensas	20.7	36.5	30.9	31.78	28.70
Grant	22.7	30.0	24.1	22.54	19.92	Terrebonne	16.6	28.2	20.0	18.56	18.96
Iberia	16.1	28.9	21.2	25.02	19.37	Union	17.2	35.1	23.1	22.82	24.54
Iberville	17.2	25.9	22.0	18.74	16.60	Vermilion	17.4	23.5	18.3	19.25	18.66
Jackson	15.7	27.8	19.9	22.22	25.00	Vernon	16.8	12.8	15.8	16.28	15.50
Jefferson	10.7	25.9	15.2	15.80	15.56	Washington	20.4	35.2	26.0	30.31	25.32
Jeff. Davis	16.8	29.8	19.9	21.76	20.80	Webster	16.4	24.9	20.3	23.01	23.44
Lafayette	11.0	24.0	14.9	14.91	13.90	W. Baton Rouge	14.4	23.6	18.3	16.32	13.65
Lafourche	13.0	34.0	17.4	18.83	15.71	W. Carroll	21.7	31.4	24.0	20.86	16.30
LaSalle	16.3	46.4	20.5	19.16	20.36	W. Feliciana	15.1	18.3	16.8	16.30	17.81
Lincoln	7.3	23.6	15.3	18.00	19.69	Winn	12.1	33.7	20.4	25.45	21.59
Livingston	15.3	29.3	16.3	17.56	16.50						

Appendix BW



Useful Web Pages for State Offices & Agencies

Official Louisiana Web Page

<http://www.state.la.us>

Governor

<http://www.gov.state.la.us>

Lt. Governor

<http://www.crt.state.la.us/crt/lrgov/lrgov.htm>

Secretary of State

<http://www.sec.state.la.us>

Louisiana State Legislature

<http://www.legis.state.la.us/welcome.htm>

Division of Administration

<http://www.state.la.us/doa/doa.htm>

Attorney General

<http://www.laag.com/home.cfm>

Louisiana Board of Regents

<http://webserv.regents.state.la.us>

LA Department of Education

<http://www.doe.state.la.us>

LA Department of Health & Hospitals

<http://www.dhh.state.la.us>

LA Department of Labor

<http://www.ldol.state.la.us>

LA Department of Social Services

<http://www.dss.state.la.us>

LA Department of State Civil Service
<http://www.dscs.state.la.us>

**LA Department Culture, Recreation &
Tourism**
<http://crt.state.la.us>

LA Department of Economic Development
<http://www.lded.state.la.us>

LA Department of Insurance
<http://wwwldi.lds.state.la.us>

LA Department of Revenue
<http://www.rev.state.la.us>

Governor's Office of Women's Services
<http://www.ows.state.la.us>

Office of Student Financial Assistance
<http://www.osfa.state.la.us>

International Learning & Technology Center
<http://www.iltc.doe.state.la.us>

Local Government Web Sites
<http://www.state.la.us/local/locindx.htm>

Making the Grade National Program Office
<http://www.gwu.edu/~mtg>

Informational Resources

Advocates for Youth
1025 Vermont Avenue, NW, Suite 200
Washington, DC 20005
(202) 347-5700
E-mail: info@advocatesforyouth.org
Website: www.advocatesforyouth.org

The Alan Guttmacher Institute
120 Wall Street
New York, NY 10005
(212) 248-1111
E-mail: info@agi-usa.org
Website: www.agi-usa.org

American Academy of Pediatrics
141 Northwest Point Boulevard
P.O. Box 927
Elk Grove Village, IL 60009-0927
(800) 433-9016
E-mail: kidsdoc@aap.org
Website: www.aap.org

American Bar Association Center on Children
and the Law
740 15th Street, NW
Washington, DC 20005-1009
(202) 662-1730
E-mail: Kgrasso@staff.abanet.org
Website: www.abanet.org/child

American Public Health Association
1015 15th Street, NW, Suite 300
Washington, DC 20005
(202) 789-5600
E-mail: ilisa.halpern@apha.org
Website: www.apha.org

American School Health Association
7263 State Rouse 43
P.O. Box 708,
Kent, OH 44240
(330) 678-1601
E-mail: mrubin@ASHAweb.org

Child Welfare League of America
440 First Street, NW
Washington, DC 20001-2085
(202) 942-0293
E-mail: bmayden@cwla.org

Children's Defense Fund
25 E Street, NW
Washington, DC 20001
(202) 662-3522
E-mail: sdorn@childrensdefense.org
Website: www.childrensdefense.org

March of Dimes
1275 Mamaroneck Avenue
White Plains, NY 10605
(800) 367-6630
E-mail: resourcecenter@modimes.org
Website: www.modimes.org

National Adolescent Health Information Center
1388 Sutter Street, 6th Floor
San Francisco, CA 94109
(415) 502-4856
E-mail: nahic@itsa.ucsf.edu

National Campaign to Prevent Teen Pregnancy
2100 M Street, NW, Suite 300
Washington, DC 20037
(202) 857-8655
E-mail: campaign@teenpregnancy.org
Website: www.teenpregnancy.org

Search Institute
700 South 3rd Street, Suite 210
Minneapolis, MN 55415
(612) 376-8955
E-mail: search@search-institute.org
Website: www.search-institute.org

Definitions

Demographic Data:

There are 64 parishes in Louisiana, only 13 are urban [La. OPH Vital Statistics, 1996: definition is 70% or more of the parish is urban]. The urban parishes are:

Bossier	Ouachita
Caddo	Plaquemines
Calcasieu	St. Bernard
East Baton Rouge	St. Charles
Jefferson	St. John
Lafayette	Terrebonne
Orleans	

Definition of Race:

For the purpose of this data book, the population has been classified as either White, Black, or Other. Other race includes, but is not limited to, Native Americans, Hispanic, Asian and others who do not define themselves as either White or Black. The race classification is assigned by the race reported to the census or on Louisiana birth certificates.

Rate:

A rate is a ratio whose essential characteristic is that time in an element of the denominator and in which there is a distinct relationship between numerator and denominator. Most of the data presented is the rate per 1,000 population with the same characteristics.

Adjusted and Unadjusted Rates:

Adjustment is another term for stratification. Adjusted rates were stratified on age, race or gender.

Age-Specific Rate:

A rate for specified age group. The numerator and denominator refer to the same age group (this is the adjusted rate).

Moving Averages:

Three-year moving averages are used to reduce the effects of year to year fluctuations - the extreme scores are diluted by averaging it with normal scores (flattening out the effects). This provides a better picture of the average over a three-year period of time.

Population age 25-34 in the area in that year x 1,000

Birth Rate:

A summary rate based on the number of live births in a population over a given period of time.

Birth rate=
$$\frac{\text{Number of live births to residents in an area in a calendar year}}{\text{Population in the area in the year}} \times 1,000$$